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EDITORIAL COMMENT



THE DEATH OF FLORENCE NIGHTINGALE

FLORENCE NIGHTINGALE passed from this visible world on August 13, having completed her ninetieth year. Probably the image of her which we all carry in our hearts is that of the youthful, gracious presence which the soldiers loved and blessed, and which all men honored,—yet a full half century has passed since her work in the Crimea, and it was an aged woman, and frail “great mind in little body,” who slipped away as quietly as she had lived during these many years of invalid existence.

At the time of this writing the burial has not taken place, but it is reported that it will be a simple rite, in accordance with her wishes,—not in Westminster Abbey, as the English nation desired.

In thinking of her work and influence, we must avoid the mistake of picturing her appearance at that dark time, fifty years ago, as that of a meteor, suddenly shining in the night and then disappearing. Miss Nightingale accomplished her great mission in life, not by chance or accident, nor was her influence due wholly to her wonderful natural gifts and graces. Without the most careful training and preparation, even her angelic goodness and magnetic influence might have been of but little lasting benefit. She came of cultured people and was brought up in a scholarly atmosphere. Her general education was far more thorough than that afforded by the schools of the time. She studied the classics, mathematics, and modern languages both by herself and with tutors because of her desire for knowledge and love of it. She was in close touch with the thinkers and workers of the day in all beneficent and charitable work. Her natural aptitude and interest in caring for the sick was made thorough and scientific by first-hand

observation of hospital methods, both in England and on the continent, and by the best practical training then obtainable, that at Kaiserswerth.

In her work for the English armies, she was not without the discouragements which come to all reformers. She tasted the bitterness of opposition, misunderstanding, misinterpretation, and calumny,—and hardest of all, perhaps, disloyalty from some of her assistants.

The more we study her life and her writings, the more we must be amazed at the reach of her vision, for she was the first thinker and writer of her times on hygiene, on hospital and training-school administration, on private and hospital nursing methods, and on the care of the sick poor in their own homes. Although her presentation of these subjects is clear and convincing, humanitarians have been slow in learning the lesson, and are just beginning to catch up with her in their comprehension of these problems.

Miss Nightingale had an unusual combination of traits,—strength of character without combativeness, and humility without self-distrust. Her nature was deeply spiritual, and she loved her work, not for her own part in it, but for humanity's sake.

THE FIGHT AGAINST VENEREAL DISEASE

Two events of note are to be recorded in the history of venereal diseases and prostitution in the United States. One is a splendid piece of progress, namely, the union of all the societies of sanitary and moral prophylaxis in the country under the name "The American Federation for Sex Hygiene." A report of this meeting says:

"Pursuant to a call issued by the president of the American Society of Sanitary and Moral Prophylaxis (Dr. Prince A. Morrow, of New York City), a meeting of delegates from various societies, invited to participate in the organization of a federation of societies for the purpose expressed in Article II of the constitution hereinafter set forth, was held in the Assembly Hall of the Young Men's Christian Association, St. Louis, June 6, 1910.

There were present participating in the meeting delegates from: American Society of Sanitary and Moral Prophylaxis, Pennsylvania Society for the Prevention of Social Diseases, The Maryland Society of Social Hygiene, The California Society for the Study and Prevention of Syphilis and Gonorrhœa, Colorado Society for Social Health, Texas State Society of Social Hygiene, Connecticut Society of Social Hygiene, Indiana Society of Social Hygiene, St. Louis Society of Sanitary and Moral Prophylaxis. The Chicago Society of Social Hygiene and the Spokane Society of Social and Moral Hygiene were represented by official communication from their executive committees. The Milwaukee So-

ciety of Sanitary and Moral Education appointed delegates who did not arrive in time to participate in the organization."

The purpose of the Federation is declared by the constitution to be: the education of the public in the physiology and hygiene of sex, and the study of every means, educational, sanitary, moral, and legislative, for the prevention of syphilis and of gonococcus infection.

Dr. Morrow was unanimously elected president of the new Federation, an honor which belongs to him by logic and right for his superb courage in being the first to initiate the movement for a union of the medical profession and the laity in the combat against venereal disease, for his great dignity and unfailing nobility of attitude, and for his generous devotion of time and resources to the cause.

The following resolutions were offered by Dr. Robert N. Willson, of Philadelphia, and were on motion formally adopted for presentation to the House of Delegates of the American Medical Association, with the request that they be adopted also as the public attitude of that body:

WHEREAS, The necessity daily appears more imperative of protecting innocent American women and children against infection by the social diseases, syphilis and gonorrhœa; and,

WHEREAS, There is ample evidence of a belief deeply grounded among the laity that sexual indulgence is necessary to the health of the normal man; and,

WHEREAS, There exist in consequence widely differing and double standards of morals and of physical health for the male and female sexes, that lead directly to the disease and death of many of our women and children;

Be it Resolved, That the American Medical Association through its House of Delegates, hereby presents for the instruction and protection of the lay public the unqualified declaration that illicit sexual intercourse is not only unnecessary to health, but that its direct consequences in terms of infectious disease constitute a grave menace to the physical integrity of the individual and of the nation.

The second event is in the nature of a social calamity and is the more serious because of the wide-spread ignorance of its true significance. The legislature of New York state has passed a lengthy bill dealing with the procedures of the inferior courts of New York City, much of which is good and greatly needed, but at the end there have been placed certain clauses dealing with the question of prostitutes brought before the court. To know the men who were behind these special clauses is to know that the "interests" that make a profit out of vice supported them. The clauses provide for a system of medical examination then and there in

a room adjoining the court, for women convicted of prostitution, and their commitment to a hospital prison for a minimum of period or a maximum of twelve months according to the report made by the examining physician to the magistrate. The maximum sentence may, however, be shortened if on physician's certificate the prisoners are pronounced to be cured of their (venereal) disease.

Those who know even in part the history of the evidence on legislation of this character in other countries at once realize that here is one of the most blighting social devices that has ever devastated older countries planted in our comparatively new national life. This is the first step towards a return to the odious "lock hospital," the "regulation of vice," the "Continental system," which has made public streets abroad unfit for young girls who are unchaperoned; contributed to a low estimate of women in general; created an army of officials all interested in maintaining prostitution as a business, giving them, in turn, an occupation; been the richest mine for blackmail, bribery, and corruption; encouraged young men to believe that vice was permissible and had been made sanitary by the regulations; and everywhere increased instead of lessened disease, largely through the false sense of security it has given to thoughtless and ignorant men.

Leaving aside all purely moral or sentimental considerations, we will repeat the medical reasons showing the fallacy of such legislation as stated many times by Dr. Morrow, head of the American-Society of Sanitary and Moral Prophylaxis.

There is first the frequent impossibility of making a correct diagnosis in one examination. Many cases of "venereal" require repeated examinations at different times, with careful microscopic tests. Such work cannot be properly done in a room adjoining the court, in the few moments that are available during night sessions, when, perhaps, dozens of cases may have to be examined. The history of other countries shows, too, that prostitutes become expert in concealing symptoms, and that druggists and practitioners have made lucrative specialties of such instruction. There is also the fact that a woman, presenting no symptoms herself, may infect one man by germs which she has previously received from another. Next, there is the absurdity of the minimum and maximum sentence. It is well known to physicians and nurses that many cases of "venereal" require years for cure, while some are incurable. Dr. Morrow says that old prostitutes are practically incurable. There is then the fact that, naturally hating the prison hospital detention, prostitutes become skilled in evading the police, and become clandestine, and a system, cumbersome and costly to the taxpayers, is maintained with

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utterly futile results. Lastly, there is the gross and stupid fallacy that venereal diseases may be checked by supervising women only. Prostitutes are only the passive spreaders—profligate men are the active spreaders of venereal diseases. To remove a few diseased women to hospital while leaving free all the men who are infected, and who habitually frequent places of ill-fame, is one of those absurdities that makes one question whether we really are an intelligent people. If a contaminated water supply was the cause of an epidemic of typhoid in a city, and the authorities decided that in isolating a few female typhoid cases in hospital they were doing the best they could do, leaving the source of the disease untouched, would any one call this a step forward and say “at least the danger of the disease is diminished by just the number who are in hospital at any one time?” Yet that argument has been made in good faith, by persons who pass as intelligent, upon this bill of the New York state legislature.

What really happens has been thus explained by Dr. Morrow. Suppose that in one house of ill-fame having twelve inmates six are removed to the hospital. Their places do not remain vacant, for the house cannot lose its revenue; six new inmates are immediately procured somewhere, somehow; often they are fresh young girls, and these are immediately contaminated and quickly become diseased by the evil men to whom they are exposed. There is not only no diminution then, in the number of cases of “venereal,” but the number is actually increased, for presently those in hospital come out, their terms served, and are quickly reinfected, or they may not have been actually cured at all. Thus in place of the original twelve there are now eighteen. The increase among young men is even more marked, because more of them, having a vague idea that the law is in their favor, indulge, or indulge oftener, and the final result is an ever-widening circle of infections in the sacred “home”—more gynæcological operations, more blind babies, more hereditary syphilis.

The sorrowful thing about the Page bill is that a number of good men and women who are known to stand for social betterment have been misled by ignorance into endorsing this calamitous legislation. It is a real misfortune that *The Survey*, so widely read among philanthropic people, has made this mistake. It is one which it has no excuse for making, because the business of *The Survey* is to be right on all such matters. It has Moses and the Prophets: it has Dr. Morrow, Dr. Howard Kelly, Dr. Anna Daniels, Dr. and Mrs. Hooker, and a score of others, to whom it might refer for expert information. *The Survey* would surely resent being ignored, say, by some one writing on child labor legislation, who took the opinions of those known *not* to be experts on the subject.

The worst of the Page prostitution clauses is that already the magistrates in other cities are saying "we must have something like that." Women all over the country must arise, and nurses must take their share in showing that the only adequate treatment of venereal disease lies in the prevention of prostitution. "Not to make prostitution safe, but to prevent the making of prostitutes," says Dr. Morrow.

MEDICAL OPINION OF THE "PHYSICIANS NATIONAL BOARD OF REGENTS"

IN the April issue of the JOURNAL we referred to the activities of the "Physicians National Board of Regents," warning nurses against confusing its enrolment of nurses in four classes with the legitimate registration by state boards formed for that purpose. We learn that the country is still being flooded by circulars, directed especially to out-of-the-way towns and rural districts, whose aim is to induce nurses to pay a large fee for an enrolment which gives them no standing, no privileges, no legal recognition. We know that busy women go on about their work, paying little attention to such schemes until suddenly brought to realize the harm that may be wrought by them, but they should both inform themselves and warn others of the misleading and mercenary character of this undertaking.

In support of the argument which we have used from the beginning, that the best physicians are always with us in our efforts for maintaining a high standard of education for the nurse, that they understand our problems and sympathize in our struggles, we quote the following extracts. The first is an editorial which appeared in the Richmond, Va., *Times-Dispatch*, as follows:

Dr. Henry Beates, chairman of the Pennsylvania Board of Medical Examiners, either suffers from chronic dyspepsia or else has not associated with the best people of his craft. At least these seem to be the only possible excuses for the assault which he made recently on trained nursing. If one may believe Dr. Beates, the trained nurse is the most tempted and the most dangerous of women. She enters a hospital, and finds herself surrounded by depraved men and debased women; her moral nature is warped and her future is ruined. Few of the girls who enter the hospitals, he says, "escape with character and honor," and even these "lose much and frequently all of that indefinable bloom and grace which is at once the charm and the crowning glory of true womanhood."

If this charge were true, it would be far better to close the nurses' training schools and return to the days when old women and men nursed their kind. Society could not afford the loss of so many fine girls, even for the care of the sick, and morality could not afford to sacrifice so much honor in healing the diseased. As a matter of fact, Dr. Beates has probably picked out the worst nurses' school and the worst hospital he knows and has taken them as a type

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of the whole. There are hospitals in this country where precisely what Dr. Beates describes might occur, but these are fortunately so few that they do not affect the tone of the profession or damage its high morality.

On the contrary, no man who has labored with trained nurses or watched them in the hospitals can fail to bear honor to their worth, their sacrifices, and their service. They endure hardships, they perform menial duties, but they do it with a charm and a grace that dignify the labor and glorify the laborers. They learn many lessons which are contrary to their nature, and oftentimes their souls rebel against these things, but most of them bear all in patience, knowing that their calling is high and their mission sacred.

There may be another profession which is as exacting, but there is none in which the standard of morality and the standard of sacrifice are higher. For one trained nurse who follows her profession for the emolument and excitement, there are a hundred who enter it as a solemn life-work, and who devote to it the purity of noble hearts and the consecration of the truest womanhood.

The second extract, taken from *The Nurses' Journal of the Pacific Coast*, is a letter sent by the King County Medical Society of the state of Washington to the "National Board of Regents," in response to one of its plausible circulars.

SEATTLE, WASH., April 21, 1910.

PHYSICIANS NATIONAL BOARD OF REGENTS,
1717 Chestnut Street, Philadelphia, Pa.

Gentlemen: Your communication of March 24 to the secretary of the King County Medical Society was received some time ago and referred to the board of trustees, who took action in reference to it to-day, and instructed its officers to reply.

It is the feeling of this board that the objects as set forth in this communication are not worthy of serious consideration by a body of enlightened medical men of the present generation. The principal purport seems to be to curtail the nurse's powers in her relation to the doctor and also to lessen her income very materially.

We realize that there are both good and bad nurses, but it is the usual thing to find among the nurses who are well trained a woman who attends strictly to her own part of the business, and in this community at least we find a very valuable aid in the trained nurse instead of the meddler, as indicated in your communication.

Our nurses also receive \$25 per week, after a three years' very hard training, a mere pittance in comparison with the amount received by physicians who have spent very little more time in their education. A physician can easily do a large amount of charity work and still earn an income upon which he can live. The nurse, on the other hand, when she is engaged, gives her full time to her patient. If the ideas suggested in this circular were carried out, a nurse would be spending the best part of her time working for anywhere from \$5 to \$20 a week, and, in fact, often working for nothing, thus putting a burden on this woman who has taken the trouble and worked hard in proper preparation, by taking from her at the rate of \$5 to \$25 per week money which is remarkably well earned.

How many people are there on salaries of \$75 to \$100 a month who would give this amount to charity? Charity patients must be taken care of, but, at

least in this community, it is always done either by private or public charity, and we do not call upon our trained nurses to bear that special burden.

It is often necessary for the nurse to do an extra amount of work and deny herself much of the pleasure of life in order to help along those who are not well to do. In addition to imposing this burden on the nurse, your plan would also tend to pauperize the community. For instance, one patient is able to pay only \$20 a week, and his next-door neighbor is able to pay the full amount; don't you suppose he would also want to pay the smaller amount? To continue a little further: The next patient would be able to pay, say, only \$15; then all would want to pay \$15, and so on until you would finally have your nurse working for little or nothing, and when you get to that point you necessarily would have incompetent work performed, as the self-respecting part of the profession would disappear and take up other lines of work.

If there should be any change in the charges of trained nurses, it is the opinion of this board of trustees that they should be increased rather than diminished.

For the reasons stated above we do not care to take any part in supporting or furthering the objects of your organization.

Yours very truly,

(Signed) PARK WEED WILLIS, president.

(Signed) JOHN HUNT, secretary.

Board of Trustees of the King County Medical Society.

STUDY AND PREVENTION OF INFANT MORTALITY

THE association which makes this subject its object of study will hold its first annual meeting in Baltimore, Maryland, on November 9, 10, and 11. A general session will be held on the opening day, and on the two following, special sessions will be devoted to the following subjects:

Municipal, state and federal prevention: chairman, Dr. Wm. H. Welch, Johns Hopkins Medical School, Baltimore; secretary, Dr. John S. Fulton, secretary-general International Congress on Hygiene and Demography, Washington.

Medical prevention: chairman, Dr. L. Emmett Holt, 14 W. 55th Street, New York City; secretary, Dr. Philip Van Ingen, 125 East 71st Street, New York City.

Educational prevention: chairman, Dr. Helen C. Putnam, chairman of the committee to investigate the teaching of hygiene, appointed by the American Academy of Medicine, 1903, Providence, R. I.; secretary, Prof. Abby L. Marlatt, Department of Home Economics, University of Wisconsin, Madison, Wisconsin.

Philanthropic prevention: chairman, Dr. Hastings H. Hart, director Department of Child-Helping, Russell Sage Foundation, 105 East 23d Street, New York City; secretary, Mr. Sherman C. Kingsley, superintendent United Charities, Chicago, Ill.

Nurses who are engaged in the care of infants, whether in homes, institutions, or in district work, would do well to join this association (annual dues \$3), and to attend its meetings whenever possible. The headquarters of the association are in the Medical and Chirurgical Faculty Building, 1211 Cathedral Street, Baltimore, Maryland. The executive secretary is Gertrude B. Knipp.

MISS DOCK'S HYGIENE AND MORALITY

OUR review of Miss Dock's new book has been delayed until now by two unavoidable circumstances: the illness at the time the book appeared of our reviewing editor, Miss Cameron, and the suspension of our department material by the issue of the convention number. Most of our readers have doubtless seen notices of the book in the medical and lay press, which, so far as we have seen, have given it a warm welcome, and we hope are planning to add to their libraries of nursing literature this important contribution to the campaign of education on moral prophylaxis. It is especially timely for use in our winter's consideration of this theme, and those who value Miss Dock's clear and thorough work, through her JOURNAL department and through her "Materia Medica" and her share in the "History of Nursing," will eagerly welcome anything that comes from her pen, in addition to the vital subject considered.

A NURSE'S INVENTION

WOMEN seem not to be naturally inventive; most of our sick-room and bed-side appliances have originated in the brain of man, though nurses who are constantly studying the comfort of the helpless ought to be the first to see where improvements can be made. Occasionally we hear of some new device originated by a nurse, and we are glad when she is wise enough to obtain a patent and so reap the reward of her ingenuity for herself, beside adding to the comfort of others.

A solitaire board, which has been sent as a gift to several of our ill nurses, has brought to our attention a simple and ingenious device invented and patented by Mrs. Fannie Smith, secretary of the Missouri State Board of Examiners, Kansas City. Solitaire is one of the diversions to which an invalid naturally turns, but it is almost impossible for a patient to manage the cards on a board or table, unless able to sit up. This new solitaire board is made of pasteboard, so is of light weight, and is in the form of an easel, the lower line being hollowed out to fit over the body. It has folds or pockets which hold the cards in place, yet allow all to be plainly seen, so that it may be used with success by one who is reclining or lying flat.

The board will eventually be on sale in many places, it is hoped, but at present can be obtained directly from Mrs. Smith whose address is always to be found in our official directory under the heading Boards of Examiners.

THE NIGHTINGALE POST CARD

It seems to us a good suggestion that state societies holding conventions during the fall or winter should send to the Illinois nurses for a supply of the Nightingale post cards and have them on sale. We feel no hesitation in calling attention to them again, for their purpose is so beneficent and far-reaching, the shack to be erected from the proceeds of their sale being intended for the use of any nurse suffering from tuberculosis. The beautiful picture of Miss Nightingale will have an added value at this time.

THE BELLEVUE APPOINTMENT

THE position of superintendent of nurses at Bellevue and Allied Hospitals is one of the most important and responsible in the country and has been ably filled by Annie W. Goodrich, who resigned recently to take the position of inspector of nurse training schools of New York state. Her successor is Clara D. Noyes, who comes from St. Luke's Hospital, New Bedford, where she has been superintendent of the hospital and training school for more than nine years, during which time she has seen the hospital grow from a capacity of fifty beds to one hundred and twenty. Miss Noyes is a graduate of Johns Hopkins, where she served in various executive positions for two years after graduation, and was then, for three years, superintendent of the training school of the New England Hospital of Boston before going to New Bedford. She will be greatly missed in Massachusetts state work, and will be warmly welcomed in New York City.

AN ANNIVERSARY

"THE way had seemed long to come; it was short to look back upon." So it seems always when we reach a mile-stone and pause a moment. With this issue, the JOURNAL completes its tenth volume,—a steady uphill climb, with many difficulties and discouragements, many joys and victories.

The JOURNAL was founded by a group of women connected with our two national organizations to be the mouth-piece for those societies, a bond of union between scattered nurses, and a means of education. We believe we can honestly say it has fulfilled its purpose. Our national

societies have grown from small bands to tremendous organizations, state societies exist wherever any large number of nurses is represented, local societies in counties and cities are multiplying,—everywhere there is a union of interests, a oneness of purpose, a general intelligence on nursing and public health problems which would hardly have been possible without the connecting link between workers and thinkers which has been furnished by the JOURNAL.

State registration was only a dream when the JOURNAL was first issued; now there are laws for the registration of nurses in twenty-three states, with the standards which the JOURNAL has advocated practically uniform. Nursing education has advanced and been harmonized wherever these laws exist. In all this work, the JOURNAL has been the chief guide and inspiration of the workers.

The JOURNAL has been particularly fortunate in holding its corps of workers in loyal co-operation. The editor-in-chief, Miss Palmer, has guided its course from the beginning,—when she did her editorial work in the evening, in addition to her duties as superintendent of a large hospital,—to the present time, when she and her assistant in the Rochester office devote all their time to it. Miss Davis, who with her own hand wrote the letters which resulted in our first subscription list of 700, and who was president of the JOURNAL Company until it was firmly established, has twice been business manager, and has stood always ready to serve when needed in any way that she could. Miss McIsaac, who made herself responsible for collecting three articles a month during the JOURNAL's first year (no easy task), has twice been, and is now, president of the JOURNAL Company. Miss Riddle has been treasurer of that Company from the beginning, faithfully fulfilling her duties year after year, the only member of the Board of Directors to hold her position unchanged. Miss Dock has, from the first, conducted the Foreign Department, giving invaluable history and current news of nursing affairs abroad, so that our readers have always had a world-wide view. Though she is now dropping most other interests to devote herself to the question of political equality, she will still keep her JOURNAL department. Miss Scovil, some years ago, gave up active nursing work, but she contributes her share toward nursing education by each month reading and studying the medical journals for our benefit, and all this throughout the ten years with no compensation. Miss Cameron, with the same faithfulness, has for many years written the book reviews always with a spicy comment, which makes the review worth reading for its own sake.

We cannot let this occasion pass without paying tribute, also, to the loyalty and interest of our publishers, who, from the time they took

pains to train the editor-in-chief for those parts of her work which she could not understand without experience, up to the present, have been as eager for the welfare of the JOURNAL as if it were their own, never failing to give warning when they saw danger ahead, sharing the experience they have acquired in the conduct of the other magazines published by them, standing back of the editor in a multitude of problems which are constantly arising and of which no one outside can have any conception.

The financial standing of the magazine was never more satisfactory than at the present time. The subscription list has reached its highest point and is gaining more rapidly than at any previous time in its history.

Through the earlier years it seemed hard for the associations to realize their responsibility for their own magazine, but since the activity in regard to the JOURNAL Purchase Fund, especially since the Minneapolis meeting, there has been a decided increase in their co-operation and support.

VISITING NURSE DEPARTMENT

This comparatively new department was in charge of Miss Fulmer until within the last few months. She undertook it reluctantly and gave it up with relief, finding herself too busy to give it close personal supervision. After a short interval, a new editor was found, Edna L. Foley, R.N., a Smith College and Hartford Hospital graduate, and supervising nurse of the Chicago Tuberculosis Institute. Although her own work demands much time, she will endeavor to edit the department as well, and she hopes for the co-operation of all visiting and welfare nurses. Material may be sent directly to her, or to the Rochester office of the JOURNAL, from which place it will be forwarded to her.

THE EDITOR-IN-CHIEF

In response to many inquiries we wish to announce that Miss Palmer is gaining in strength and hopes to resume her duties in the early fall. She has received so many kind notes of sympathy and interest that, "like Roosevelt," she feels obliged to acknowledge them gratefully through this channel and to ask her friends to pardon her for not replying to each one.

BACK NUMBERS OF THE JOURNAL

The demand for each issue of the JOURNAL is so great that it is becoming more and more difficult to obtain back numbers. Our June and July editions, both of reasonable size, are already exhausted, and nurses whose subscriptions expire with this number are warned to renew at once if they wish to keep their files complete.

A GLIMPSE AHEAD

The October number will contain the usual departments and news, but the solid matter will be a memorial to Isabel Hampton Robb, including sketches of her life and work by some of our best writers and her best friends, and accounts of the memorial exercises. We hope to have some interesting photographs for illustration.

Our plans for the winter include articles on training-school administration, many on private duty, some on the care of the insane, and others of general interest. We wish graduate head nurses in hospitals would make greater use of the JOURNAL for an exchange of ideas. We should welcome letters from them telling what subjects would be of most value in their work.

A CORRECTION

WE are desired to make the following corrections in the convention proceedings, page 873 of the August JOURNAL. Miss O'Halloran did not attend the meetings. Miss E. L. Felker, of Lewistown, Pennsylvania, spoke of the work in that state. "Nurses who are unpaid, untrained," should read, "nurses who are well paid, but untrained." "Nurses are not afraid to meet this call," should read, "nurses are afraid to meet this call."

In making this correction we wish to explain why it is that in spite of careful reading of the minutes by the president and secretary of the Associated Alumnae, as well as by the JOURNAL editors, such errors will sometimes occur. All possible pains are taken to have every statement correct, many letters being written for this purpose before the material is sent to press, but the stenographer's notes always contain some mistakes because *he cannot hear clearly what is said*. Our members are not yet sufficiently trained in public speaking to enunciate clearly, to talk slowly, and to give the name on rising. We are improving with each convention, but it is still true that women's meetings are hard to report accurately.

THE RESPONSIBILITY OF THE TRAINED NURSE TO THE COMMUNITY.*

By PAUL H. RINGER, A.B., M.D.
Asheville, N. C.

THE responsibility of the trained nurse to the community is a matter that must touch each of us, composing as we do the community. This responsibility is real and is great. It is admitted beyond a doubt that a good condition of public health is a nation's best asset. The necessity for the betterment and maintenance of the standard of public health has become startlingly apparent in the last decade. When a nation feels in its heart the need for some great movement, that need finds its tangible expression in the prominence of a few leaders—individuals that have felt the throbbing pulse and, correctly interpreting its meaning, have set themselves to the work of meeting the requirement. Thus we have, in the past ten years, seen the establishment of the National Association for the Study and Prevention of Tuberculosis, of kindred state and county societies; we have seen here in the south the progress of the fight against hook-worm and pellagra, we have seen medical, sociological, and philanthropic agitations for the improvement of the mode of life among factory and mill workers, we have seen the development of a systematic form of district nursing, we have seen the establishment of various laboratories for research work, culminating in that pinnacle of modern institutions for investigation: the Rockefeller Institute in New York. And why is it that all this has taken place in the 20th century, as yet not a decade along? It is because we of the United States realize that on the health and longevity of our citizens depends the welfare—mental, moral, and physical—of the nation.

The present era is one of precision in diagnosis, of new and fulsome methods for the treatment and cure of disease, but more than this, it is essentially an era of prophylaxis; of preventive medicine. The martyrdom of Dr. Lazear to yellow fever, the monumental work of Dr. Gorgas in rendering the canal zone habitable for the white man and thus ensuring the completion of the Panama Canal, the ultimate object of the societies and associations heretofore mentioned, give eloquent testimony to the importance of the goal of prevention and to the zeal with which it is being sought.

* Read before the North Carolina State Nurses' Association, June 8, 1910.

The physician is, in the very nature of things, the one to take the lead in the work of investigation and research tending to the betterment of public health, to the prevention of illness, and to the protection of healthy individuals from existing diseases. Certain general laws to be followed in all diseases have been laid down, certain specific laws applicable in specific diseases have also been accepted. Some of these laws are national in scope; others have a state-wide range; by far the great majority relate to the care of the individual that is ill, to protect him from further infection and, still more, to afford safety to his family, his neighbors, and his community.

While the physician gives directions both as to preventive and curative measures, the trained nurse is the one that carries out instructions. She it is that has to go to endless pains and trouble to see that disinfection is thorough, quarantine efficient, isolation absolute. She it is that, in addition to the care and attention given to her patient, must see that his family carries out the general directions for its protection and for that of those with whom they come in contact. That the trained nurse does this and does this well none can doubt who have been so fortunate from the standpoint of the physician, or so unfortunate from the standpoint of the patient and family, as to have frequent opportunity to see and study her work. The work of physician and nurse is always co-operative—if their relation cannot be such from start to finish, let it never be established. The trained nurse never could have existed had it not been for the physician; but, having once come into the sphere of his professional life, she has assumed such a position, has filled such a void, and comprehends such usefulness, that now the physician cannot practise his calling to the best of his ability and with full justice to his patients and to himself without the trained nurse. From humble origin, looked at askance, often treated with scorn and contempt, she has in the last quarter century by her own efforts, by the personnel of those of her calling, by her repeatedly well-proven ability, risen to a position of honor, of respect, of admiration among men and women; to a position of trust and of necessity in the community.

This position of trust also carries with it one of responsibility. How many people realize that if the nurse in charge of a case of typhoid be not scrupulously careful and thorough in her methods of disinfection, scores may fall victims to the disease? And how many stop to think that if the nurse does not see to absolute quarantine in scarlet fever, an epidemic with loss of many lives may result? Does the laity fully understand that the details, upon the faithful execution of which their health and that of their loved ones depends, are, in most cases, the work of the

trained nurse? Does it fully understand what havoc a lapse on her part may bring about? I fear not. And does it not frequently give too much credit to the physician and not enough to the nurse? I fear so.

The trained nurse has a twofold duty and responsibility. First, a duty and responsibility toward her patient, and second, a duty and responsibility toward the community. She plays also a twofold rôle—that of one ministering to the needs of the sick man, and that of an educator to his family and neighbors. Of her duty to her patient and of her care of him as an individual, we shall say nothing. It is not our intention to delve into the practical side of nursing the sick, nor to give advice as to certain psychic influences that, emanating from the nurse, play so important a part in the patient's morale—but we do wish to emphasize the duty and responsibility of the trained nurse to the community, and her rôle as an educator.

Does every nurse realize the enormous task on her shoulders when nursing an acute infectious contagious disease? Does she realize that nine times out of ten she is the one responsible for its spread or its restriction? Does she realize that potentially indeed, but none the less actually, the health and perhaps the lives of many are in the hollow of her hand? I believe the vast majority of trained nurses of to-day have grasped these facts, yet it is well from time to time to impress them anew. It may be—I say it with shame—it may be that in a case of typhoid, or scarlet fever, or diphtheria, the attending physician will not give minute details as to modes of disinfection and methods of quarantine. Shall the nurse then hesitate to carry out preventive measures because not so instructed? Indeed no. Proper preventive measures should be instituted as a matter of course—without instruction—even without question. The physician, if delinquent, will at once see his fault, and will be grateful to the valuable supplementary action of his nurse. It will raise her in his estimation, and will show him that she is not simply one that carries out orders, but an individuality aiding him in all ways toward the resumption and preservation of health. A nurse who discards thorough and never-relaxing disinfection in typhoid, or who slights absolute quarantine in scarlet fever is, to my mind, committing a far greater offense than one who neglects to give a dose of medicine at the appointed hour or fails to chart a temperature and pulse observation. Prevention is worth pounds and pounds of cure, and in many ways a sin of omission is greater than one of commission.

Again, in the broadest and finest sense of the word, the duty of the trained nurse does not end when her patient is made comfortable, all orders carried out, all mandates executed. She comes much as the go-

between separating the laity from the physician. The former, usually very ignorant of the simple laws of health, feels far removed, in all matters not immediately concerned with the illness of the patient, from the latter, with whom the preservation and restoration of health is a life-work. The trained nurse is in no sense a physician; neither is she in any way a layman—she bridges the gap. The physician sees the patient and family but for a short period of time daily—indeed often not daily; he has then the immediate needs of the patient before him, and those alone. The trained nurse is spending her entire time in the household, and soon discovers wherein it is at fault in its physical and hygienic regulations. Here is where her power as an educator makes itself felt. To be sure, she must not be pedantic or didactic: she must not appear to take upon her shoulders the burden of setting the family straight; such rough-shod methods will meet with but a cold reception: but with infinite tact and patience (the trained nurse without both of these qualities highly developed has missed her calling) she must make her influence felt and its results apparent. In the upper classes such an educational campaign will but rarely be needed—though many seem woefully ignorant as to the value of free ventilation and the harmlessness of night air (which latter, being the only air we have at night, might just as well be used), but the bulk of our people is composed of the middle and lower classes, and among them it is that suggestions will be most fruitful. In all the attempts at improving hygienic conditions, the great cry has been for individual attention. The beneficent society, whatever it be, appoints committees, drafts resolutions, scatters broadcast free literature, but all know that the ground-work of progress must be personal contact between those in a position to instruct and those needing instruction. The trained nurse occupies such a position by the very nature of her calling. The utilization of her opportunities forms one of the finest chapters in the glorious volume of her work, and, if practised systematically, will spread abroad much-needed knowledge with greatly beneficial results to the community.

And finally, does not this whole subject narrow itself down to the plane of the ideals of the trained nurse's profession? Looked at from a stultified viewpoint she is to take care of the patient allotted to her; doing all that is needful for him that he shall be closely watched, made comfortable, and protected from untoward influences. Well and good—but this is piece-work—one patient, one responsibility, one duty. There is something far nobler and far grander in the life of the trained nurse. Her patient is the immediate preoccupation, but behind, before, and beyond, is her duty to humanity—"the law of higher life is fulfilled only

by love"—her duty to all those that come within her sphere; the power to protect the innocent, to spread knowledge among the ignorant, to pave the way for the betterment and maintenance of health. All these great gifts are hers to distribute. She knows them, she has them, let her give them gladly and freely, continuing to prove herself as she has in the past, more than worthy of the trust and responsibility vested in her, showing herself by her humanitarianism, by her womanliness, by her works, one of the foremost national bulwarks of the twentieth century.

A FEW SUGGESTIONS FOR A PATIENT'S LIBRARY.

THE following is a list of the volumes contained in the Henry Phipps Library in one of the wards of the Manhattan State Hospital. The asterisks show which books are most frequently taken out. It is suggested that bookcases should be open and free for the use of the patients, and that a close observation by nurses of the choices made would enable the building up eventually of typical collections of books for different groups of patients.

Fiction, including Juvenile Books: *Alcott, *Little Women*; Aldrich, *Story of a Bad Boy*; Allen, *A Kentucky Cardinal*; Beard, *American Girls, Recreation, What a Girl Can Make*; Brown, *Rab and His Friends*; Bunner, *Short Sixes*; *Burnett, *Little Lord Fauntleroy*; Butler, *Pigs is Pigs*; Conner, *The Sky Pilot*; Crawford, *A Roman Singer*; Curtis, *Prue and I*; *Defoe, *Robinson Crusoe*; Deland, *Old Chester Tales*; Doyle, *Micah Clarke, The White Company*; Eggleston, *The Hoosier Schoolmaster*; Hale, *The Peterkin Papers*; Hall, *Aunt Jane of Kentucky*; Harris, *Uncle Remus*; Harte, *Tales*; Hawthorne, *A Wonder Book*; Henry, *Four Million*; Jacobs, *Many Cargoes, Dialston Lane*; **Jerome, *Three Men in a Boat*; *Kelly, *Little Citizens*; Kipling, *Captains Courageous*; Mitchell, *Hugh Wynne*; Ollivant, *Bob, Son of Battle*; Pyle, *Robin Hood*; ***Rice, *Lovey Mary*; Scott, *Ivanhoe, The Talisman*; *Shute, *Real Diary of a Real Boy*; Stevenson, *St. Ives*; Stewart, *Partners of Providence*; Tarkington, *Mons. Beaucaire*; Twain, *Huckleberry Finn, Tom Sawyer*; Warner, *The Wide Wide World*; Westcott, *David Harum*; Weyman, *A Gentleman of France*; Wiggin, *The Birds' Christmas Carol, Rebecca of Sunnybrook Farm*.

History, Biography, Travel, etc.: Brooks, *Life of Lincoln*; Carey, *Good Women*; Davis, *From a Car Window*; Farmer, *Famous Queens*; *Fiske, *History of the United States*; *Gulick, *The Efficient Life, Mind*

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and Work; *Irving, The Sketch Book; Janvier, History of New York; *Keller, Story of My Life; Peary, Children of the Arctic, The Snow Baby; Peeps at Many Lands, 12 vols; Riis, The Making of an American; Stevenson, Travels with a Donkey; Yonge, History of England.

Nature Books: Blanchan, Bird Neighbors; Dana, How to Know the Wild Flowers; Kellogg, Insect Stories; Long, School of the Woods; Lottridge, Snap Shots; Mathews, Wild Birds; Morley, Bee People; Newell, The Hole Book; Wood, Natural History.

Miscellaneous: Hammond's Atlas of the World; Leech, Pictures; *Mother Goose; Smith, Noah's Ark.

Poetry: Field, Poems; Longfellow, Poems; Riley, Poems; Scott, Poems; Stevenson, Poems; Tennyson, Poems; Golden Numbers; Golden Treasury; *Treasure Book of Verses.

THE ENTERTAINMENT OF SICK AND CONVALESCENT CHILDREN

By EMILY PEMBER

Graduate of Union Hospital, Fall River, Mass., and of the Boston Floating Hospital

ALTHOUGH not as precocious as the delightful "Rebecca of Sunnybrook Farm" who, at the mature age of eleven, had brought up three and a half babies,—at an equally tender age I was entrusted to amuse the younger children of the family and neighborhood, first, because it was oftentimes very convenient to the mother, enabling her to get a free afternoon and, secondly, because I was commonly said to "have a way with children."

It was not an accomplishment that either my family or myself were at all proud of, and it was not until many years after when I had commenced my career as a private duty nurse, that I recalled and was glad to turn to account the knowledge of child nature that I had, all unconsciously, obtained by this neighborhood nurse-maid course.

Apropos of entertainment,—nearly all children, and even babies, are entertained too much. I have never yet seen anyone so fond of children who, if put to the test, did not find the constant effort to amuse a child irksome and nerve-racking, neither have I ever seen a child thus treated who was happy and spontaneous.

To maintain a quiet and tranquil atmosphere in the sick room is of

even more importance with the little tots than with the grown-ups and I know of nothing that is a more direct hindrance to that desirable end, than loading the room and even the crib with complicated and diverse toys.

One of my first cases was a little lad of eight, whose possessions would have furnished an expensive and nearly complete toy shop. When he had convalesced far enough to sit up, I presented him with a five-cent ball of twine, and taught him to make the simplest "cat's cradle." Never was a ball of twine more cherished. He insisted on keeping it in his pajamas pocket and with the assistance of some toothpicks and his own imagination formed many wonderful and curious constructions. It was actually the only plaything he had the remaining week I stayed with him.

I think that the one toy that has given the most pleasure, both to my little patients and myself, is a standard blackboard. Any nurse is artist enough to draw story-telling pictures when she can be aided by a child's imagination.

It is through his imagination in almost every instance that the nurse gains the full confidence of the patient, for the child's only world is the play world,—the realm of make-believe.

As an aid both to cultivate and to strengthen the imagination, story-telling and reading aloud are invaluable. In almost every home and in nearly all public libraries there is an abundance of good, wholesome material to choose from. Be sure that the story is suited to the intellect of the child, and does not tax his mind too severely. With younger children, and with older ones who are still quite weak, it is usually better to tell the story. A favorite story repeated for the "hundred and onth" time and after it has long since been memorized is more acceptable and less fatiguing than listening to a new one.

As, with most children of a larger growth the most popular form of entertainment is eating and drinking, so is his stomach the centre of the child's economy. Here again the imagination may be appealed to successfully. The old device of pasting a picture on the bottom of the glass of milk usually succeeds in emptying the glass.

Stale bread, sliced thin, and made into the semblance of pie or tarts, by spreading with a puree of apple or prunes, and cutting into the proper shapes, will often be appreciated. Chinese pudding will taste better than steamed rice, gelatine will be more acceptable if served in orange baskets, while crackers and gingerbread figures and cereal and other jellies moulded in fancy shapes always prove a delight. Ice cream in a flower

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pot is a beautiful surprise and sometimes a paper tent can cover the whole dish or tray,—admission, a dose of medicine.

Infinite other devices will occur to the resourceful nurse, always taking care that they and, indeed, all forms of entertainment, are introduced only to meet a real need, otherwise the little patient may become sated, even bored, with our efforts and then "the last state of the child will be worse than the first."

MENTAL EXAMINATION OF PATIENTS BY NURSES

By HENRY W. MILLER, M.D.

Clinical Director, Government Hospital for the Insane, Washington, D. C.

THE following scheme for the mental examination of patients by nurses is the outcome of a desire to increase the efficiency of the nurse in hospitals for the insane.

One of the chief problems in the training of the general nurse, as well as the mental nurse, is that of teaching the pupil to observe, record, and report symptoms. The ability to observe accurately distinguishes the trained nurse from the untrained. In our field of medicine (psychiatry), careful observation of mental symptoms by the one who is in immediate contact with the patient is particularly desirable for obvious reasons.

The outline submitted here was prepared for the senior class of nurses in our training school, supplemental to the course of instruction upon mental diseases, as a means of testing their efficiency in observing and recording symptoms. Each nurse was given a patient to examine, according to the plan, and the results have proved so satisfactory that we are adopting the examination for general use among the nurses.

It will be seen that little preliminary explanation is required to prepare the nurse for examination of the patient, inasmuch as the various points are indicated by suggestive questions, and therein lies the advantage of this outline.

Experience has shown that any method of examination which depends upon the nurse's ability to draw deductions from symptoms observed is of little value except in isolated instances, and such a method could be applicable only to the nurse who had a fair knowledge of mental diseases.

I have found that an explanatory lecture enhances the value of this examination.

I. *General Attitude and Behavior of Patient.*—(a) How did patient behave when admitted? (b) Is he quiet? (c) Is he dull or sluggish? (d) Just what does he do throughout the day? (e) In moving about, is he slow or hesitating? (f) Is he excited in any way? (g) If so, in what manner? (h) Does he talk much when quiet or excited? (i) Is he ever seen in peculiar positions? (j) Is there any difficulty in getting along with him? (k) How does he get along with other patients? (l) Is he neat and tidy in appearance? (m) Does he dress himself without assistance? (n) Does he attend to his personal wants? (o) Is he happy or depressed, composed or fearful, agreeable or irritable? (p) How is his appetite? Any peculiarity about eating?

II. *Orientation i.e. Clearness as to Time, Place, and Persons.*—A. Time: (a) What day is it? (b) Date? Month and year? (c) How long have you been in the hospital?

B. Place: (a) What place is this? (b) Where is it? (c) What place did you come from?

C. Persons: Who are the different people about you? Who are your physicians here?

III. *Memory.*—How did you come here? How long were you coming? With whom did you come? What was done with you after you came? Give examples if there is any indication of failure of memory.

IV. *Hallucinations or Illusions.*—Does patient hear voices or see strange objects? Give examples.

V. *Delusions.*—Has patient false ideas? Give examples.

VI. *Patient's Talk.*—Describe and give examples of patient's voluntary talk. If he talks without questions, say so; if not, give the questions and the answer. Does he answer questions? Does he do so promptly or slowly?

Answer all questions fully even if of apparent negative value. State facts and do not draw conclusions.

The following is a sample of a nurse's record, being prepared by Mr. J. K. Pumphrey, a senior class nurse:

Name: George L. H.

I. GENERAL ATTITUDE AND BEHAVIOR OF PATIENT

"He is generally quiet. He is dull and rather sluggish. Sometimes he will help with the ward work. At other times he will sit quietly in a chair, with his head bowed down, as though very much depressed, or he will lie on the floor with his head covered with his coat. Sometimes he will undress himself and go to bed during the day. He often asks to be sent home or let out of the ward, so that he may go home himself.

In moving about he is slow and hesitating. Have never seen him excited since his admission to this ward. He does not have much to say at any time. There is no difficulty in getting along with him. Some of the patients do not like him, but he seems to get along with them very well. He is fairly neat and tidy in his appearance. He dresses himself without assistance, and attends as far as he can to his own personal wants. He seems more depressed than happy, and seems a little fearful at times. He is generally agreeable; sometimes he gets a little irritable.

"His appetite is uncertain; for two or three days he may eat ravenously. Then he may miss one or two meals a day for three or four days, and then start in again and eat regularly for two or three weeks."

II. ORIENTATION: *i.e.* CLEARNESS AS TO TIME, PLACE, AND PERSONS

"He is oriented to day, date, month and year, and how long he has been in the hospital.

"When asked what place is this he answered, 'Government Hospital, for taking care of the insane, near Washington, D. C.' Said he came from Watertown Arsenal, near Boston.

"He said the people about him are all patients except the attendants. The patients all seem well. Some of them act a little queer, but do not know what is wrong with them. Dr. W. is the head doctor, Dr. B. comes through his ward, and there is another doctor with glasses; does not know his name (Dr. M.)."

III. MEMORY

"When questioned as to his memory, the following are his statement and answers:

"I came from Watertown Arsenal to Boston by train, and from Boston to New York by boat part of the way, and by train the other part; and from New York to Washington by train. I came from the depot, in Washington, over here in an ambulance. I was about 24 hours coming here; left Watertown about 7 P.M. on November 30, arrived here 4 or 5 P.M., December 1. I came here with Sergeant Tanner. They took me in that 1st Ward at B building. I gave up my watch and change, also my finger-nail clippers; then undressed, and they gave me a bath. After the bath I put on my pajamas and went in the dining-room and had supper. After supper went back to the ward, sat down a few minutes, and I saw two fellows have a fight. In about an hour after that I went to bed, and went to sleep in about half an hour and got a good night's rest.

"I was surprised when I got here to find this some kind of an

asylum. I do not think they should have sent me here. I was told they were sending me to a home or a hospital, to have me examined for physical defects. Although I am glad, now, that they sent me here, as I have learned things which if I had known before I would have done a whole lot different. I have been able to see through things which I could not understand before; I have had my fortune told several times.' (He would not state anything further on this subject.)"

IV. HALLUCINATIONS, ILLUSIONS, AND DELUSIONS

"In answer to questions, the following is his own statement: 'When I was up north I heard voices which I cannot account for. I was talking to Corporal Collins. I asked him a question which would ordinarily have been none of my business. After that I heard voices talking to me. They were disputing over something that happened to me in the Philippine Islands. They also told me I was going insane. I had a talk shortly after that with Corporal Brooks. I asked him if he had a chaplain, and he said, no. I told him that I wanted one and he had better get him quick. I wanted to see a chaplain, because I had been forgiven of my sins, and thought it no more than right that I should see a chaplain. The voices did not tell me this, although they were saying something to me. But a feeling came over me and I knew it was so.

"'Since I have been here what I have learned principally is through these voices, and I do not know where these voices come from. They do not bother me; sometimes I like to hear them. It is like a ticking in the ear. They sometimes tell me to do one thing, and I start to do that and they tell me to do another. I hear them more at night than at any other time. Sometimes when I go to the window and look out I hear these voices. It seems as if there is something wrong about me, on the outside. The people are disputing about me. They are not satisfied with me, and if I sit down in a chair they tell me I am sitting wrong, and I should sit some other way. Sometimes when I go in the dining-room to my meals they tell me if I eat that meal I will cause some one to starve. So at times I don't know what to do. I have been up all hours, night and day, and I have never seen anything that I could not account for, or anything so very strange.

"'I told Corporal Collins at one time to lay up all the stores he could, as we were going to have a famine. One day I went down into a ravine and saw some water. I put my hand into it and found it was warm. I told the Corporal the place was going to sink, and we had

better leave there. But I found out afterwards that it was water coming from a hot water pipe under the ground.

"‘Since I have been here I sometimes get the idea that this is a place for the storage of people and goods to be prepared for the famine.’"

V. PATIENT'S TALK

"The patient's voluntary talk is usually about being let out of the hospital that he may go home; or asking for something. He often asks to see his trunk and his clothing. He wants to see if they are all right. Asks what he must do, and to be given work outside. When taken outside tried to make his escape. He answers questions very slowly and hesitatingly, as though suspicious of you or the object for which they are asked."

A NURSE IN PERU

By BERTHA MOERI

Graduate of the German Hospital, New York City

THE building over which I have the supervision is an orphan asylum. In my department there are at present only infants from one day to one year old. The children from one to six years of age are cared for by Catholic Sisters. All hospitals and nearly all the schools are conducted by the Sisters. However, who else shall do the nursing? There are no trained nurses. I have the honor to be the first one, and coupled with the honor, I have the annoyances. One of our physicians took me to see a hospital for male patients. There were six hundred men being cared for by twenty-five Sisters. That means not only the nursing, but the cooking and washing as well, in fact all the work of that hospital is being done by these twenty-five Sisters. Oh, what a field for a training school! The hospitals themselves are not badly constructed. The wards are large, with high ceilings, and ventilation properly provided for. But there are too many beds. My fingers fairly itched when I saw bed-pans, cuspidors, eatables, clothing, dressings, tobacco pipes, medicines, etc., all over the patients' tables.

To return to my own field of work, I found much that needed improving. When I entered my department I found forty cribs containing infants up to nine months, beside twenty-six adult beds for the wet nurses, who nurse and otherwise care for their charges. At night they took the babies to bed with them, sleeping in the clothing they wore during the

day. Under each bed was a chamber. Diapers that had only been wet were spread on the floor or hung on the beds to dry. With all this, the windows were closed tight, as the night air was supposed to be very bad. But imagine the air in the ward! Then I got to work and left them no peace until a separate ward was arranged for the women.

Can you picture my joy on the day when my ten pupils appeared in uniform for the first time? After a few days I sent two off to sleep in order that I might put them on night duty. That was indeed a great event, and also a lot of work, but it is accomplished. The women now sleep in an adjoining room, and my fifty little beds look so nice by themselves. With few exceptions, the babies get bottles at night, so the foster mothers are not disturbed. Thanks to my experience in the Babies' Hospital, I am able to meet nearly all requirements with Dr. Emmett Holt's formulas, except that I am obliged to sterilize every drop of milk, it is so bad. This week we received all the necessary equipment for a diet kitchen, together with a sterilizer and an electric bottle washing apparatus. That will save much work. Since my arrival a laundry has been provided. Before that, each woman washed the clothes of the two children she was taking care of, in cold running water. When dry, the clothes were stored under the mattress. Was it any wonder that the babies had scabies, and innumerable other skin affections? For four weeks I spent many hours a day on nothing but cleaning heads, cutting the hair, then scrubbing with soap and water, then with bichloride, and finally the various healing ointments to suit the individual cases. Sometimes I was in despair, but I felt I must keep on, and to-day I have forty-eight little ones all clean and healed.

My little charges are increasing so rapidly. The country is threatened with war, that is war between Peru and Ecuador. War has not yet been declared, and at present efforts are being made to settle diplomatically, but a ship sailed to-day with 3000 soldiers and there is great excitement. I have offered my meagre assistance in case of necessity, and, together with some ladies in the town, have started a temporary Red Cross Society. All the best physicians have offered their services to the government. The government has gratefully accepted our offer, and we are now awaiting the outcome. I thank God every day that I am well and happy and believe myself equal to the task of whatever is given me to do, but oh, how I long sometimes for a little advice. I do the best I can and try to profit by my own experience. How I would welcome a few nurses in this place. No one can imagine how badly needed they are. Only now I realize how well our hospitals are managed and how carefully our sick are cared for. That is why it seems incomprehensible

that this country should be so far behind. The lack of knowledge in the care of the sick here is simply dreadful. How am I ever going to turn out good nurses from an orphan asylum where the sick and well children are all together? You may see how little they understand what is required, for how can they learn general nursing, except theoretically, when they only nurse babies? However, I am sure of accomplishing some good, if not a great deal; I must be satisfied with the little I can do, and thus at least lay the foundation stone. Some one else will have to do the building, so I try to keep up my courage and do the most urgent things first. Order, cleanliness, and discipline are three words of which they do not even know the meaning. You will laugh when I tell you that when my pupils have a toothache they tie up their faces with a cloth. If it is a headache they let down their hair and if their feet hurt, shoes and stockings are discarded. Big surprised eyes greet my statement that such things are not permissible on duty. Sometimes I must laugh, myself, the things are so funny, but more often my heart is heavy, when I think of my dear orderly school at home.

DANGERS OF THE MENOPAUSE

By ANNE E. PERKINS, M.D.

THERE are many widespread, popular fallacies regarding the menopause which every nurse should correct whenever there is opportunity. If nurses would disseminate knowledge of the *real dangers* and banish the imaginary bugbears, many lives would be thereby saved. Women speak more freely of these things to other women, especially nurses, than they do to men physicians.

The majority of women accept unquestioningly two-thirds of the ill-feelings and symptoms that they may have from the time they are forty till they are sixty, as due to the "change of life." They lay everything that happens ten years before and ten years afterward, to their *age*, and how frequently one hears "It's my age, I suppose!"

The menopause is a natural, physiological occurrence—the end of the child-bearing period. It may occur as early as thirty or thirty-five, but usually between forty-five and fifty. It may, and often does, cease suddenly without any previous irregularity, and cease without any symptoms. Frequently, however, it is preceded by a varying period of irregularity, and the nervous and vasomotor systems suffer, as shown by "hot flashes," nervousness, insomnia, irritability, faintness, severe headaches, cardiac palpitation, sweatings, depression, neurasthenia.

A few develop involution melancholia at this period, but it is not responsible for one-tenth of the cases of insanity ascribed to it. As the uterus is growing smaller, undergoing atrophy, it stands to reason that *hemorrhages* should not be looked for,—rather the flow should be *less*, irregular, and scanty.

Therefore any tendency to prolonged, excessive, or too frequent flow should not be ignored, but too many physicians hold old-fashioned ideas and tell a woman, without examining her, that it is her age and she will be better when “the *change*” is over. A real heart disease may be overlooked and regarded as flutterings and palpitation of this period.

Many complain of their heads—they feel strange, confused, “stirred up,” they can not think, can not set themselves to work, especially at *sewing* or *fancy work*. Heating occupations, as cooking or ironing, greatly aggravate the nervousness and waves of heat.

They often say, “I don’t feel natural, it is as if I were some one else.” “I can’t get interested in anything, can’t read.” Some can not stay in a theatre or church, others are unable to take a railroad journey, on account of confusion to the head. Hot flushes may come as soon as they are comfortably warm in bed and, no matter how cold the night, they must throw off all bed clothing, and even thrust their heads out of the window, as wave after wave of heat rushes over them, accompanied by nausea or faintness and distress in the head, followed by sweating. The danger of taking sedatives and narcotics to relieve the insomnia caused by these, is very great. I have seen women slaves to chloral and bromides through the physician’s prescribing; and many become addicted to the use of whiskey and wines from fancied relief at this time.

Pruritus is liable to be very annoying.

Fresh air is the best remedy for the hot flushes. There should be abundant air in the sleeping and living rooms, and the temperature not over 68°, the woman should spend all the time possible out-of-doors, and as far as possible avoid heating occupations or those requiring *close application*, as fancy work, embroidery, &c. Home surroundings often aggravate, and a complete change of scene or a trip abroad may help. No drugs should be taken except under advice of a physician. Ovarian and thyroid extracts are sometimes helpful.

Hundreds of women would never consider an examination necessary. If they flow until they are fairly exsanguinated, it is “the *change* of life.” They expect all sorts of irregularities, hemorrhages, discharges, pains, etc. They often refuse to have a fibroid tumor removed, as it “will not be troublesome” after the menopause. In reality, this is the time when

the closest attention should be paid to any unusual discharge, leucorrhœa, watery or blood-tinged flow, as well as to any "lump" in the breast.

These things may be symptoms of cancer, early recognition of which means the difference between life and death for the woman. Too many cases come too late for operation. Bear in mind always that cancer may exist without severe pain or cachexia or even a foul odor to the discharge.

In Germany, a little pamphlet is being distributed to women, warning them what certain symptoms mean, with the result of increasing the operable cases, since women present themselves sooner for examination. While women should not be constantly alarmed and apprehensive, they should be made to realize that some symptoms are danger signals and demand expert examination and treatment.

Women should be educated out of the wrong ideas and superstitions relative to diseases occurring during or after the menopause. It is firmly fixed in their minds that they "must expect" this and that symptom, and all their friends believe the same, so that they talk it over together, instead of consulting a physician.

It should be impressed on every woman that after she has passed the menopause, some months or years previously, if *any* discharge appears from the vagina it requires attention from a reputable physician. Frequently there is a sudden, watery discharge without pain or other symptoms; it may be slight and faintly tinged with blood. Perhaps the woman is feeling unusually well, and it lasts only a few hours, to reappear after several days or weeks. On its reappearance, quite likely there is a disagreeable odor, and perhaps an uneasiness or heaviness in the pelvic region, backache, or bladder symptoms. Too often, if she "talks it over" with her best friend, any anxiety is allayed and she attributes it to "the change of life." Later it is bloody in character. She may consult a physician but object absolutely to an examination. Some physicians yield to this and give medicine. She does not improve, and takes up osteopathy or Christian science. Frequently she is examined by a physician and treated for "ulceration of the womb," by applications, tampons, electricity, etc.

Too many of us have not unlearned the old teaching that a cancer of the uterus means severe pain, marked cachexia and emaciation, with profuse, offensive bleeding. Accordingly, if a patient is well nourished and has a clear complexion, cancer is overlooked. A very common and distressing occurrence in hospitals or private practice, is to have a case brought that has been overlooked until *too late* for operation. It is the difference between life and death whether the diagnosis is made early or late. This lies usually with the general practitioner and the better

enlightenment of women in general. A very frequent cause of prolonged, irregular flooding after or during menopause is a fibroid tumor. There again, one finds that a *tumor* means to the laity something so large that it deforms the shape of the abdomen, and is evident to all. The woman may flow for one or two weeks instead of from three to five days, lose strength, become pale and languid, half her time being spent on the couch, as she is unable to do her work. She accepts it uncomplainingly as due to her "age", until intelligent examination shows the presence of a fibroid tumor, not necessarily very large, but bleeding. Those that go on too long without discovery are inoperable or impracticable, because 40 per cent. of the patients in a late stage develop a serious heart or kidney lesion and can not take an anæsthetic. Albumin is found in the urine, with casts, and a heart murmur. Yet these women, when the diagnosis has been made at all, may have been told that they should wait until the change is over, then the bleeding will stop.

The artificial menopause is nearly always more stormy and trying than the natural cessation of the menses. It is brought about generally by removal of the ovaries, though some menstruate regularly for years, if a small bit of ovarian tissue is left intentionally or accidentally. If the *uterus* is removed and ovaries left, there are not the distressing flushes and waves of heat, until the usual time for the menopause, or for some time after the operation, whereas when the ovaries are taken out, hot flushes come in a few weeks. All the unpleasant symptoms of the menopause are markedly exaggerated and last longer, the younger the woman the more she suffers, because it is sudden and not gradual,—unnatural. Many women say that they have merely exchanged one set of symptoms for another,—pain, for those indescribable, almost unbearable hot flushes and a post-operative intense nervousness and discomfort. Insomnia and nervous symptoms are often marked and the woman's condition may be pitiable for even two or three years, but there is an exaggerated idea among the laity of the fearful dangers of insanity following this operation, also of the unsexing of women. However, in neurotic families, the operation precipitating an artificial menopause is not without considerable danger of insanity, and the family should be warned before it is undertaken. Most women regain their nervous poise after a time.

HELPS FOR THE NEW GRADUATE

By ETHEL JOHNSON

Graduate of Milwaukee County Hospital, Wauwatosa, Wis.

THE training schools of the country are regularly turning out classes of graduates who are full of enthusiasm, in love with life, and anxious to battle with big problems.

They are given a great deal of advice—particularly on the night of their graduation—but, as a rule, it is not of a practical sort, the kind that will be of real use when on a hard case, far from house doctors and sister nurses.

I am supposing that the average nurse will do some private nursing before attempting any other line of work. It is necessary to give her confidence, and to determine what she is worth when thrown on her own resources.

"A workman is known by his tools." The doctor for whom you have your first case will be pleased if your suit-case is properly equipped with the necessary "nursing tools."

The first thing to consider is the suit-case. Do not forget that you will have to carry it a great deal, and it should be as cheap and as light as you can get. A dark-colored case, in imitation leather, can be bought for a dollar and a half. When old, such a case can be made to look like new with twenty-five cents' worth of brown paint and a ten cent brush.

A travelling case made of denim, having pockets bound with tape, can be made large enough to hold toilet articles, rubber gloves, hypodermic case, antiseptic tablets, stationery, indelible pencil, pins, and a small box in which you can keep catheters, colon tube, enema and douche points, medicine dropper, scissors, tissue forceps, and a small hæmostat.

If the back of this case is made double, it will afford a place for your clinical charts, hot-water bag and fountain syringe. Unfortunately, all homes are not supplied with a fountain syringe, and very often it is necessary to your patient's welfare that you have one to use at once.

Dock's *Materia Medica* and Pattee's *Practical Dietetics* are valuable helps to the private nurse. Too many books fill up your suit-case and make it heavy.

Of course you will put in a serviceable wash kimono, comfortable

slippers, shoes with rubber heels, plenty of collars, cuffs, caps, two uniforms (if colored), and four or five aprons.

Much may be said in favor of the stripes for private nursing; they are "nurse like," cheaper to launder, and better adapted to many of the places in which you will find yourself.

Whether you wear white or colored uniforms, be sure that you have enough. Do not stint yourself in this respect. Have plenty of uniforms and underclothing so that you can repack your suit-case as soon as you have finished a case. Make a habit of doing this, it will save you trouble when a call comes and enable you to reach your patient in less time.

Unless you have an out-door uniform, you will need a long dark coat that will entirely cover your uniform and a small street hat. Besides all these things you must take with you tact, gentleness, good judgment, and endurance.

Be careful to get all orders right. It is best to have them written before the doctor leaves the house. When you have learned the names of the medicines to be given, look them up in your materia medica—even if you have passed your examination in that subject. Look them up, in order that you may not be surprised and possibly frightened at their effect.

In the back of the little cook book mentioned is a list of foods for different diseases. If you follow those suggestions, in the absence of special directions, the physician will have no cause to complain about the patient's diet.

MEN in authority with a real knowledge of character seldom find much fault. They realize that in dealing with an energetic and dutiful race like the English the majority of subordinates whose work is suited to them and who are well paid and well treated do their best. To be constantly using the spur upon them is simply to increase the aggregate suffering of the world, and to wear them out before their time.
—*The Spectator*.

It is not enough to denounce the false. We have to proclaim the true. Let us have done with the blatant cry, "Down with everything that is up!" Ours be the stimulating word, "Up with everything that is down!"

CHARLES F. AKED

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NURSING IN MISSION STATIONS



[This department has a two-fold purpose,—to keep nurses in this country in touch with the work of missionary nurses, and to put missionary nurses in touch with each other, for an interchange of ideas, questions, and suggestions. All nurses engaged in mission work, of every creed and country, are invited to contribute to its columns.]

THE HANYANG HOSPITAL OF THE AMERICAN BAPTIST FOREIGN MISSION SOCIETY

By GERTRUDE PUGH YATES

Graduate of the Children's Homœopathic Hospital, Philadelphia, and of the
New York Polyclinic

BEING very much interested in the hospital here, I have felt that I would like other nurses to know about it also. Before I came to China I imagined that the home nurses were the only capable ones, and it was a great surprise to me to find how capable the Chinese and Japanese nurses are.

I spent six weeks in our hospital here and so came in close contact with them, and will never forget the little girl who cared for me. She was gentle and kind and very efficient. She passed her examinations this fall with high marks and is first on the list of all the nurses who took the examination. There are five female nurses and ten male nurses connected with the hospital. Miss L. J. Crawford, a graduate of Lynn, Massachusetts, Hospital, is now studying the language and will take charge of the nurses in the fall.

Just now the women have a ward and two private rooms in the men's hospital building and so there are a great many difficulties to surmount, but they are hoping to have a separate building within the next few years. This ward accommodates fourteen patients, but now they have twenty-three in it. The cases come and Doctor Bretthauer feels that she cannot refuse them, so she does her best to help them all. The Chinese are continually gaining confidence in the foreign doctors. Last year 237 operations were performed, and 5958 patients were treated in the out-patient department. There were only nine deaths. Let me tell you of a patient or two.

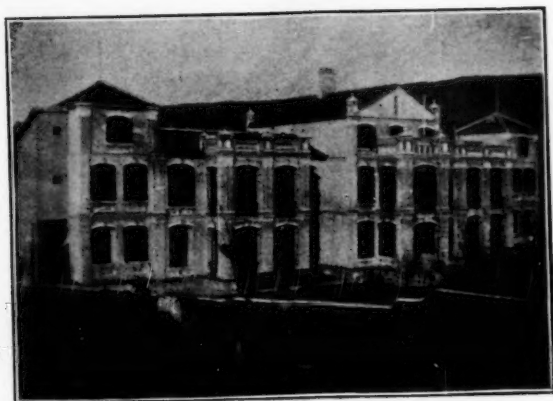
There was a little girl who grew totally blind by the time she was six years old. So long as her father lived she was cared for, but after he died and the mother married again, the little girl's stepfather would

not tolerate so useless a child in the house. The mother then took her little blind girl and put her on the door-step of one of the Chinese foundling homes in Hankow. When the manager found her there the next morning he gave her over to the care of a woman, paying her for the child's food. This woman, however, had more love for money than for the little girl, so she put her out into the streets of Hanyang to beg. By and by the winter came, and the child got so cold sitting in the street all day, that her feet were frost-bitten and then began to decay. When she was brought into the hospital there was nothing to do but amputate them. She was a bright cheerful girl and soon learned to memorize hymns and verses that were taught her. She was a lesson in gratitude to all who knew her, a thirteen-year-old forsaken girl, no eyes, no feet, yet lying contented on her bed, singing all day. She is now in a Christian school for the blind, where she is perfectly happy.

There was another patient, a boy, who had a number of ills, one being a stone in the bladder. His family gave him up as dead and placed him in his coffin. The lid was left partially open because the boy's grandmother, who lived at a distance, desired a last look at her grandson. After he lay in the coffin a whole day, the woman who was watching by his side was startled to hear a sigh. The relatives thought that the boy's spirit had come back to earth and was hovering over his body and that the spirit did the sighing, consequently they were exceedingly frightened. After a while, however, they got up courage enough to take the child out of the coffin and place him on the bed. Now the question was, what should they do with the unconscious boy? They had already called every Chinese doctor they knew to see him, but without avail. At this stage the mother took the responsibility of bringing the boy to our hospital. With careful nursing and two operations he got well, so they had to sell the coffin to some one else. Not long ago this patient called at the hospital looking the picture of health and wearing the very same coat which he had on while in the coffin.

ITEMS

A THICK volume, with leaves of soft Chinese paper, reached our desk recently, and proved to be the long-promised Chinese edition of Mrs. Robb's text-book on nursing. It has title pages, table of contents, and page headings in both English and Chinese, but the text is wholly Chinese. As a frontispiece appears a speaking likeness of Dr. Eleanor Chesnut, its first translator, and the volume has an added touch of pathos in that when the book appeared both she and Mrs. Robb had ended their work here. Dr. Ruth Bliss Boggs, of Canton, who completed the translation, tells the story of the book in her preface:



HOSPITAL BUILDING.



DR. BRETTHAUER AND NURSES.



MALE NURSES.

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"This translation was commenced by Dr. Eleanor Chesnut, herself a graduate nurse of the Illinois Training School, Chicago. Her work was cut short by her sad death at Lien Chow, Kwang Tung Province, where her hospital for women and children was located and where she had worked for eleven years.

"The twelve chapters she had translated have been revised to correspond to the third English edition, and the translation completed. Through the generosity of a friend of Dr. Chesnut and of the work of missions at large, the book is now published as a memorial to Dr. Chesnut. It is hoped that it may prove helpful in the training of nurses from among the Chinese who may well emulate her beautiful life of self-denying labor for others.

"The terminology follows the English-Chinese Lexicon of medical terms, published by the Medical Missionary Association."

Dr. Boggs's work in completing and revising the book has been carried on in addition to all the manifold occupations of the medical missionary, and has been a labor of love, as she was a warm personal friend of Dr. Chesnut.

A BOOKLET entitled "Treasures of Darkness" contains the ninth annual report of the Door of Hope at Shanghai, China. The rescue work it describes has its headquarters in a humble native house over whose door is a sign inviting any girl who wishes to escape from a life of shame to enter. The girls of the vicinity are warned by those who are making money from their misery that the foreigners will torture them and that they will never escape alive, yet many do come in one way or another and many are transformed to respectable, useful women. Two hundred and thirteen have been received during the past year. This first house seems to answer as a receiving home, and the girls and women are later transferred to the other homes maintained by the society, of which there are several. That for the children is on the cottage plan, five houses of twenty children each. Finally, there is an industrial home where various kinds of occupation are taught, which render the girls self-supporting. Very little children are sold into a life of shame in China and are most cruelly treated, so one can see how humane and necessary such an institution is for them, quite apart from its helpfulness to those older. It is not clear how this work is maintained, partly, it seems, by the Christian Herald.

Woman's Work for July, and a Baptist magazine for June (with the title cut off), both give the same excellent picture of the first class of native nurses to graduate (in August, 1909) in the Philippine Islands from the Union Mission Hospital, which is under Baptist and Presby-

terian auspices. The account of the work of the nurses is most encouraging, and their faces are bright and promising.

Spirit of Missions for July tells of the appointment of Lillian M. Owen, of New York, to work as a missionary nurse in the University Hospital, Manila, in the room of Miss Freese, resigned.

The Missionary Link for July tells of the first graduating class of nurses, at Jhansi, India, in January, four in number. "Radha, one of these, was married a few weeks later; Rosie is our head compounder at the Dispensary, a position she has filled very acceptably for some time; Jane is the head nurse in the Mary S. Ackerman Hoyt Hospital, which is now used entirely for medical cases, and also has oversight of the children's ward, and any patients we may have in outside buildings, as is sometimes found necessary. Wahidan is head nurse in the Maria Ackerman Hoyt Hospital, and also has charge of the operating room.

"We have made a change in the uniforms of the head nurses. While the others have black and white striped jackets and black bordered saris, they have plain white jackets and red borders to their saris. We are finding the arrangement a good one. Besides the two head nurses, we have ten other girls—four seniors, four juniors, and two probationers. We have them serve a probation period of three months, and the training course is three years from the time they are accepted. We find it very hard to get girls with the educational qualifications we would like. Six of our newer girls are from the Marathi country, and when they come to us cannot speak Urdu and not much English, so we have daily classes for them in both languages, in addition to their lectures. They are quite promising girls, and we hope will make good nurses, as they seem quiet, obedient and teachable, which is always encouraging."

An urgent appeal for two nurses comes from India. Dr. Mary R. Noble writes, "I am eager to find two nurses of experience in managing and superintending, who know they can work together, and who can be unqualifiedly recommended for work in a mission hospital. The missionary motive must, of course, be paramount, in any candidate, and excellent health,—with energy, capability, and sufficient education, culture, and refinement so that they may take their place in the missionary community with ease and pleasure to themselves and others." We will gladly furnish the exact address to any two nurses who would like to enter into correspondence with Dr. Noble in regard to the position and work.

The following statistics of medical missions were given at the Edinburgh Conference: 111 medical colleges, 92 nurses' training schools, 1574 hospitals and dispensaries, 88 leper asylums, 21 homes for untainted children of lepers, 25 institutions for the blind and deaf mutes.

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FOREIGN DEPARTMENT



IN CHARGE OF
LAVINIA L. DOCK, R.N.

THE DEATH OF MISS NIGHTINGALE

At the great age of ninety years and three months the great woman to whom we owe our profession—one of the great salvation-bringing figures of history, has been called away. Her long life of usefulness has enclosed a variety and richness of service such as is given to few, and is now peacefully ended. The deeply stirring event is more adequately dealt with in our editorial pages.

All nurses will come in spirit to lay their offerings of thought on her last bed.

THE CRISIS AT ST. BARTHOLOMEW'S

We wish to explain a little more fully the incident which has created and still causes intense indignation in the English nursing world. We are accustomed, in this country, to hold so tenaciously the tradition of choosing a superintendent of nurses from a school's own graduates; on the contrary, perhaps, quite the opposite custom is more usual with us. We have forgotten the hereditary principles, but in England, where tradition is strong, and where hospitals, as a result, develop more of a personal character, if we may use this term, and the feeling of pride in the traditions of the schools is a precious and cherished feeling, the mere fact that the Governors of St. Bartholomew's Hospital have appointed a matron from another school is, of itself, at once recognized by every English citizen as a bitter affront to the women who trained there and an insult to the dead matron. However, even this might have been less stinging were it not for the fact that all the incidents of the selection were offensive. The Governors published an advertisement of a kind which to us seems strikingly undignified; they set an age limit which is unreasonable, and obviously excluded the women of Bart's who are most distinguished at this moment for notable records as matrons; the interviews were conducted in a superficial way, and before the selection was publicly announced the young doctors knew who had been chosen.

There is evidently a reactionary party among the physicians in support of the subjugation of women;—one man remarked that it was not necessary for the matron to be a trained nurse;—all that was needed was to have someone in the office. It seems to us clear that the real issues at stake are, the principle of liberality of opinion, and the economic freedom of women who are self-supporting. We could freely accept the shorter training period of the London hospital if it did not exploit its nurses and sacrifice their education by sending them to private duty, thus underbidding self-supporting women;—if it did not prevent association on a free self-governing basis among its graduates; discourage their taking part in the organization movements of the country; maintain caste lines; decry solidarity and universal sisterhood, and cultivate every influence that tends to develop disunion.

This is the last desperate attack of the Hospitals Committee, inspired by Sydney Holland and Mr. Burdett, to keep nurses down in the grip of the employer's fist, for fear they may uprising into equality of citizenship and demand the rights of self-protection against commercialism and snobbery. This is the real secret of the succession to the matronship of St. Bartholomew's.

ITEMS

THE nurses of India have suffered a great loss in the death of Miss Thorpe, who was the secretary of the newly-formed Association of Nursing Superintendents of India, and also a member of the Matron's Council of Great Britain and Ireland. Miss Thorpe died by a most distressing accident, and her colleagues are therefore doubly grieved. She was one of the most active and devoted workers in the pioneering of Indian nursing and the upbuilding of education, and her place will not easily be filled. We offer our most sympathetic fellow-feeling to our Indian associates.

It makes us realize the cosmopolitanism of our work to see the questions for a nurse's examination printed in the Hindoo (?) language in the *Nursing Journal of India*.

THE PROGRESS OF WOMEN IN RUSSIA

MME. MIROVITCH, the brilliant correspondent of *Jus Suffragii*, sends the following interesting details of the recent congress on the white-slave traffic:

"Among the various congresses, which are breaking the monotony of our social life, the 1st Russian Convention of Prevention of White-

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Slave Traffic, 21-26 April (4-9 May) has been one of the most prominent. Social workers, men and women; doctors, lawyers, etc., joined this convention which was divided into three sections. The first examined the causes, which develop prostitution (economic slavery, alcoholism, absence of women's rights, etc.). The second section dwelt on measures taken by social workers against prostitution. The third section had to solve the great question: is state regulation of vice desirable or not? Great interest was excited by the 1st section where the most important question of the economic slavery of women was exposed in several reports, by General Leskevitch, by two factory girls, and others. A terrible picture of the economic conditions of girls, employed by planters in Crimea, was drawn by General Leskevitch. These white slaves are often made to work 18-20 hours a day for 5-6 shil. per month! In order to prevent them from sleeping, they are sometimes ordered to sing songs during night-hours. . . . The working women, by personal experience, described their life and the factory-surroundings, created as on purpose to encourage prostitution. . . . The interest, excited among the members of the Convention for the 1st section, was unfortunately shared by the police, whose mission here was to control all free discussion on political and economic topics. These authorities succeeded so well, that the work of the 1st section was twice stopped—for daring to point out the close connection between the political and economic subjection of the people and prostitution. More lucky was the third section which attracted the majority of the convention. Here also the speakers were several times interfered with by the police; but, at least, the work of the section was not stopped. The burning question of state regulation of vice was the chief object of the discussion of the 3rd section. Two different views were expressed on that question. Very few attempted openly to defend state regulation of vice, but some (several men-doctors and only one woman) declared that this institution should not be abolished at once; that a committee should first be organized for the purpose of investigating the whole question.

"But the great majority of the 3rd section, women especially, declared themselves against any compromise and referred to the following practical arguments: 1. The examination of women-prostitutes takes place very seldom, about once a week. 2. The symptoms of the disease are often discovered with great difficulty. 3. Syphilis can be cured, as a rule, after a long treatment only (during months and even years); while, in fact, the treatment is generally applied only during a few days. Still more impressive were the ethical arguments of the abolitionists: 1. The state regulation of prostitution, being an indirect sanction

of vice, has the worst possible effect on morals. 2. It degrades the human dignity of women. • 3. State regulation is unjust because it affects the poor classes only, while the rich prostitutes are not subjected to examination.

"Finally, a resolution was moved by nine women's organizations, affirming the necessity of sending to the Government a petition on the immediate abolition of State regulation of vice. This resolution was enthusiastically adopted by the convention.

"In all questions, where women are the victims of law and custom, there is but one reform, which can stop the evil; and that is the political enfranchisement of women. This most important reform was energetically advocated in the Convention by Mmes. Tirkoff, Kalmanovitch and Mirovitch. Several men supported us, while a few others expressed the fear that the political emancipation of women would lower their morals to the level of those of men! . . .

"On the whole, the Convention had a good, stirring effect on all who took part in it, or followed its work."

THE Australasian nurses' estimate of nurses and doctors that follows is too amusing to overlook.

"The question has often been asked why American nurses take a more prominent part, both in speaking and writing, on questions relating to nursing and nurses than their Australian sisters. In the first place. American women are very versatile, both as speakers and writers; in the second, they are never afraid to express themselves freely, even when they might be criticized by members of the medical profession.

This is due chiefly to the totally different point of view from which the nurses in the large hospitals of different countries are taught to regard the honorable medical staff.

In American hospitals they are men, great men perhaps, but nevertheless only men; while in England, Germany, and Australia they are regarded as gods, and more often angry than just ones. This feeling is more or less fostered by matrons and sisters of hospitals, chiefly with the idea that it helps to maintain discipline and a high standard of work.

A probationer usually hears of something new every day that is likely to call forth the wrath of one of the great unknown beings, and dreads the day when she may have to go round the ward with one of them. If this happens when she is still a junior, she is so nervous that the ordeal is a nightmare; and the unfortunate honorary wonders why such an exceedingly stupid woman is allowed to go round with him, for of all stupid women a highly nervous one is perhaps the worst. In the early

days of the A.T.N.A., at a general meeting, nurses were asked if they had any objections or suggestions to make regarding certain matters under discussion. A nurse nervously stood up and made a few remarks. A very great man politely said, "Will you kindly repeat that statement. I don't quite follow you." The nurse collapsed, and was unable to say another word, in spite of his politeness. To her he was always the angry god.

I don't wish to criticize the point of view from which honorable medical officers are regarded in large hospitals by nurses, but merely to point out that the American one is less conducive to nervousness, and therefore the chief reason of the freedom of speech of the American nurse.—*The Australasian Nurses' Journal*.

THE graduates of the School for Nurses at the Salpêtrière have formed an alumnae association, and have begun issuing an alumnae journal called *La Soignante*. The journal, exclusively devoted to technical and professional topics, is edited by the members of the society. The first number is very attractive. The constitution and by-laws, printed on the back, are very like those of our alumnae associations. We congratulate the young sisterhood and wish it well. The school has recently had the pleasure of a visit from the Queen of Bulgaria, who inspected everything from garret to cellar, and was greatly pleased by the many beautiful and modern features of the building and its adaptation to the work of teaching.

MISS VAN LANSCHOT HUBRECHT, secretary of the International Education Committee of which Mrs. Robb was chairman, has sent out the first questionnaire, relating to preliminary training. The answers received will be presented to the next congress at Cologne.

MISS WATERS' book, "Visiting Nursing in the United States," has been reviewed in *Kai Tiaki* for April, as well as in all the European journals.

DEPARTMENT OF VISITING NURSING AND SOCIAL WELFARE



IN CHARGE OF

EDNA L. FOLEY, R.N.

THE Richmond, Va., Tuberculosis Society opened a camp for tuberculous patients early in July. It consists of an administration building and a shack with capacity for twenty patients. The camp is in charge of Laura Black, a graduate of the Memorial Hospital Training School.

THE Hartford, Conn., Visiting Nurse Association is indeed to have a "goodly heritage." We quote from a local paper of June the 29th, as follows:

"Mrs. Gurdon W. Russell, widow of Dr. Russell, has bought the house, No. 32 Charter Oak Avenue, which is to be known as the Gurdon W. Russell Home. The purchase price was about \$10,000, and from another source there is a gift of \$4000 for its furnishings. This home is to be occupied by members of the Visiting Nurses' Association and some are already there ready to answer calls."

The many friends of the superintendent, Martha J. Wilkinson, and her nurses will rejoice with them in this splendid gift.

It is always an inspiration to nurses to hear how other nurses are co-operating with tuberculosis associations. In connection with a tuberculosis exhibition given at Winston-Salem, North Carolina, the following notice was sent out to the business committee by the director of the exhibition:

May 10, 1910.

"Business Committee:—

Nurses' Co-operation.

The Raleigh Graduate Nurses' Association in conference agreed to co-operate in giving a series of brief and practical talks both to children in the schools and at various meetings of adults.

"For the schools it was suggested that there be a series of five or ten-minute talks on concrete topics of a very limited scope which could be helpfully discussed in a few minutes at a time, to children of nearly every age. These talks might cover such topics as school lunches,

cleansing the hands, washing the teeth, various emergencies, how to tell when one is sick, and so on.

"A series of talks and conferences was also proposed for the women's organizations of the churches, having particular reference to meetings for work of a semi-social character where there is no formal program to take up the time. It was proposed that in such meetings there should be given at probably monthly intervals a series of talks on the care of the sick, the sick room, baths, various child problems, and what the nurse is supposed to do, how the nurse helps the doctor, how the family helps the nurse, and other topics to be easily selected as being practical and adaptable to this plan. The idea is first of all to get to all of the women the very latest thought as to the theory and practice in home both for the sick and the well. It is also desired to give these talks to the women of the churches in order that they may be better equipped to help the poor, the ignorant, and the needy with whom they come in contact, either as individuals or as members of church societies, committees, etc.

"It is suggested that the Tuberculosis Association and the Woman's Club shall appoint special committees to co-operate in working out a comprehensive plan for carrying on such a series of talks and making use of the services of the nurses, who might be willing to help in this work."

THE Instructive Visiting Nurse Association of Richmond, Va., has increased its staff to nine nurses, having undertaken the nursing of the Metropolitan Life Insurance policy-holders. Miss Talbot, of the Jewish Hospital, St. Louis, has accepted a position on the staff. Miss Baily, of the Jewish Hospital Training School, St. Louis, has accepted a position with the Richmond Board of Health, in its Infant Welfare Work.

THE Lexington, Ky., Anti-Tuberculosis Society is launching out into broader fields of effort and has engaged its first visiting tuberculosis nurse. Chloe Jackson, Mercy Hospital, Chicago, has resigned from the nursing staff of the Chicago Tuberculosis Institute to accept this new position. Miss Jackson's work in her district "behind the yards," in Chicago, leaves no doubt in the minds of her friends but that she is the right person to open up this new field.

THE Cleveland *Visiting Nurse Quarterly* for July is an "Infant Mortality Number," and full of material of interest to all who are engaged in the Baby Welfare Work. Visiting nurses will be helped by

the many suggestions contained in this little volume, and particularly by Miss Leet's article on "The Problem of Many Tongues." The foreign quarters of some of our large cities would put the Tower of Babel to shame and no one appreciates this situation better, and gets around its difficulties more adroitly, than the visiting nurse.

FROM El Paso, Texas, come reports of the Baby Welfare Work being carried on by H. Grace Franklin and her staff. The work follows closely that of the Delineator's Mother's Conference Work, and in order to reach the Mexican mothers, the folders are written in both Spanish and English. That the work is meeting with the hearty approval of the people in El Paso is evidenced by the fact that the Women's Charity Association is backing it and the business men of the town are helping to finance it.

The following somewhat detailed account of the Baby Welfare Work in Chicago is given because the work is a departure from the beaten track and is so particularly well organized:

"At the meeting of the Illinois State Association of Graduate Nurses, which was held last May in Rockford, the president, upon the suggestion of Dr. Caroline Hedger, director of the Chicago Baby Welfare Work, for the summer of 1910, appointed a committee to confer with the Chicago School of Civics and Philanthropy, upon the advisability of organizing a class for those nurses desiring to enter the Baby Welfare Work this summer. The committee met with Dr. Graham Taylor, Miss Breckenridge, and Miss Abbot, and after careful consideration the following course was adopted, and given during the last week of June.

June 27, A.M., "Co-operation with the Department of Sanitary Inspection," Mr. Ball, chief sanitary inspector, Board of Health, Chicago; "Breast Feeding of Infants," Dr. Frank S. Churchill; "Hot Weather Hygiene," Dr. May Michael; P.M., Demonstration of the Mary Crane Baby Tent and Day Nursery.

June 28, A.M., "Co-operation with the United Charities," Mrs. Briggs, district superintendent of United Charities; "Artificial Feeding, Percentage Method," Dr. Frank S. Churchill; Quiz on Previous Work, Dr. Caroline Hedger; P.M., Children's Memorial Hospital Milk Demonstration.

June 29, A.M., "Co-operation with Institutional Agencies," Amelia Sears, United Charities of Chicago; "Artificial Feeding, Caloric," Dr. C. Grulee; Quiz, Dr. Caroline Hedger; P.M., Northwestern Milk Laboratory Demonstration, Miss Florence Almsted.

June 30, A.M., "Co-operation with Children's Caring Agencies," Mr. Thurston, Chicago Relief and Aid Society; "Summer Diarrhœa—Cause and Cure," Dr. J. A. Britton; Quiz, Dr. Caroline Hedger; P.M., Milk Commission Demonstration, Chicago Milk Commission.

July 1, A.M., "Co-operation with Existing Nurses' Forces," Harriet Fulmer, R.N., Visiting Nurse Association; "Methods of Approach," Edna Foley, R.N., Chicago Tuberculosis Institute; Conference on the Card, Dr. Hedger; P.M., Lincoln Park Sanitarium Demonstration.

July 2, A.M., "Co-operation of the League for the Protection of Emigrants," Grace Abbot, Director; "Psychology of Approaching People," Mr. In Hout, Mahin Advertising Co.; Quiz, Dr. Caroline Hedger; P.M., Written Report.

The course was greatly appreciated by all the nurses in attendance. The speakers gave their services; the School of Civics and Philanthropy not only gave the use of its class and lecture rooms, but helped in every way to make the week's course a pleasant and profitable one, and the public library and friends of the movement loaned eighteen reference books, which were on file for use during the week. One morning when the speaker was delayed, Dr. Taylor extended an invitation to the nurses to attend a lecture given his summer students by Miss Jane Addams, of Hull House, and the knowledge that Miss Addams was watching the course with interest was an additional inspiration to the many private duty nurses who were just a little timorous about entering the unknown field of Baby Welfare Work. The nurses who seemed to need this course for immediate use were those who were to do the Baby Welfare Work, and it was only possible to extend the invitation to a limited number of pupil nurses, owing to the lack of seating capacity. Six training schools sent one senior nurse each, and a number of training schools superintendents, and private duty nurses attended the lectures as often as possible. Dr. Hedger reports that the course has been an invaluable one, and of great assistance.

The Chicago Baby Welfare Work has now twenty-two nurses in the field, and thirteen in the six baby tents placed in the city wards where the infant death-rate was highest last year. The Health Department of Chicago pays the salary of nineteen of the field nurses; three are paid from a fund given for the purpose, and the United Charities of Chicago is paying the salary of the thirteen tent nurses as well as bearing all expenses incurred in the erection and management of the tents. Of the thirty-five nurses now in the field ten speak foreign languages, and as Chicago is probably the most cosmopolitan city in America their work cannot be over-estimated.

Last year the diarrhoeal diseases seemed to attack the babies about the 25th of July. This year the unprecedented hot weather caused the work to begin promptly on the 1st of July and upon the 23rd, 1290 cases of diarrhoea had been reported, and were being cared for by the Baby Welfare Nurses. The tent nurses care for the very sick babies that are brought to the tents by their parents. A clinic is held at each tent every morning, and the sickest babies are kept throughout the day; when necessary the tents are kept open at night, if the baby's life seems to be hanging in the balance.

The twenty-two field nurses do instructive work, largely, but they carry well-equipped bags, and are ready to give nursing care whenever this is necessary.

"IN Australia, where I come from," says Annette Kellerman in an interview in *Good Housekeeping Magazine*, "you've got to be a very good swimmer to attract notice, because nine out of ten children swim there, and I've never heard of one of our women who didn't swim. Swimming is taught in the public schools, and no town is too small to have its public bath.

"I was only nine years old when I learned the breast stroke, and I had an excellent teacher. It is so important that a child should be taught correctly from the first, because its little legs and muscles are so tender. All children should be taught by nine or ten, and if they are correctly taught they will never be afraid of the water."

ANIMAL experimentation was then (1628) a much less dangerous occupation for the investigator than the study of anatomy on a human cadaver. The leaders of human destiny at that age had no hesitation in killing men and even mutilating their dead bodies for any trivial reason, but objected to the use of the dead bodies of men when medicine and science could profit by it—just as the misguided of both sexes of our own day are ready to kill and maltreat all sorts of animals for personal profit, sport or vanity, but manifest a perverse moral indignation when such animals are used for the benefit of medicine and mankind.—*Journal of the American Medical Association*.

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NOTES FROM THE MEDICAL PRESS



IN CHARGE OF

ELISABETH ROBINSON SCOVIL

SCIATICA AND FLAT-FOOT.—*The Inter-state Medical Journal*, quoting from a German contemporary says: In connection with an interesting account of the treatment of sciatica by means of a steam douche, Klug calls attention to a common diagnostic error that is by no means generally appreciated. A symptom complex that cannot clinically be distinguished from true sciatica may be brought about by a sinking of the arch of the foot. In every case of sciatica the foot on the affected side should, therefore, be carefully inspected, both in the sitting and lying posture. If there is any abnormality of the arch, proper treatment, by means of supports within the shoe, should at once be inaugurated. Often sciaticas that have resisted all treatment will then promptly be ameliorated or entirely disappear. Of his last 40 cases of sciatica, 15 per cent. were successfully treated by means of such supports to the arch.

CARE OF THE BREASTS.—Dr. J. H. Tibbitts, in an article in the *Medical Record*, recommends compression and moderately tight bandaging of the breasts as of great value in maintaining a normal condition of the breasts after labor. On the second day he applies a rather thick layer of clean choice cotton batting, which he prefers to absorbent cotton as more elastic and compressible. The night-dress is then smoothed and arranged neatly, a broad bandage is passed around the chest outside of everything and pinned moderately tight; being outside it can be kept free from wrinkles and in proper position. When the child is nursed one side is uncovered, the nipple bathed in boric acid solution after nursing, and the cotton and bandage rearranged. In his practice this has prevented caked breast, fissured nipples, and mastitis in its various forms. No breast under compression and bandage becomes overdistended, but drains itself of all overplus. The article is well worth reading.

HEMORRHAGE OF THE NEW-BORN.—This subject was brought forward by "A Reader" in the letter department of the July JOURNAL, pages 756-7. An Indiana nurse sends a copy of the annual report of Hope

Hospital, Fort Wayne, in which is an article by Dr. Ben Perley Weaver on the same theme. Discussing the probable causes of the hemorrhages, he says: "At the present time it seems most probable that one of two factors is responsible, viz., that there is a lessened resistance in the thin walls of the small vessels, or that an alteration in the chemical composition of the blood is present to an extent sufficient to inhibit the coagulating power of the blood. Again, just what this chemic alteration is has not yet been determined, nor do we know that the same blood elements are lacking in every case of new-born hemorrhage." The seat of hemorrhage may be in any portion of the body. It has taken place at the umbilicus, from the intestines, mouth, stomach, conjunctivæ, ears, lungs, and vagina. He quotes Holt as to symptoms: "In many cases nothing is noticed until the hemorrhage begins. The child may be previously healthy or feeble." . . . "The amount of blood lost in most cases is not great, but there is a continuous oozing. The total hemorrhage may be only one or two drachms or it may reach several ounces. The skin is usually pale, the pulse feeble, and the general condition one of considerable prostration, often from the outset. In all cases there is rapid loss of weight. The temperature may be high, low, or subnormal. A marked elevation of temperature may depend not upon the hemorrhage but upon associated conditions. Fluctuations in temperature during the first three days are so common from disturbances of nutrition that I attach much less importance than have some writers to this symptom. Icterus is not more frequent than among other infants. In a large number of the cases there is diarrhœa. Convulsions often occur at the close of the disease. The duration of the disease in cases which recover is usually but one or two days. In fatal cases it is rarely more than three days, and often less than one. Death more frequently results from the gradual failure of all the vital forces than from a rapid loss of blood." The prognosis varies according to the underlying condition, the resistance of the patient, and the time of the onset of the hemorrhage; ordinarily, the earlier the bleeding begins, the graver the prognosis.

Dr. Weaver discusses three remedies, the calcium salts, gelatin, and fresh blood or blood-serum, either animal or human. In his experience the most logical and successful is direct transfusion of human blood.

The Journal of the American Medical Association for July 30 has an article on "Serum Treatment of Hemorrhagic Disease of the New-Born, with Report of Three Cases," by Dr. Edward B. Bigelow, of Worcester, Mass. He reviews the literature on the subject, the disappointing results from other measures for relief, and says: "Far more

success has been attained with the subcutaneous and intravenous injection of fresh serum. The indications for this form of treatment are especially marked in all cases of hemorrhage due to a lowered coagulating power of the blood, though useful and well worthy of trial in all other forms of hemorrhage. The hemorrhagic disease of the new-born is a condition in which this method of hæmostasis is especially applicable. This condition is practically confined to the first ten days of life and is self-limited." . . . "Hemorrhagic disease of the new-born can be differentiated from true hereditary hæmophilia, in that the infants affected are nearly as often females as males; but those that bleed in the first few days of life, if they recover, rarely manifest any such tendency later, and, in addition, true hæmophilia usually does not manifest itself before the end of the first year."

In the three cases described, two of the children were apparently moribund when the serum was administered, yet the control of the hemorrhage was immediate and recovery was complete, the infants showing no bad after-effects. He alludes to three cases of direct transfusion where the results were equally wonderful.

CURRENT LITERATURE OF INTEREST TO NURSES

American Journal of Surgery, June, "Perforation in Typhoid Fever," Francis E. DuBois; *Inter-State Medical Journal*, July, "Hay Fever," Otto J. Stein; *Maryland Medical Journal*, July, "Sir James Young Simpson" (the discoverer of chloroform), H. M. Cohen; *Journal of the American Medical Association*, July 9, "The Nervous Unfit," S. S. Crockett, M.D.; "Educational Work in Reducing Infant Mortality," Wilbur C. Phillips, M.D., "A Simple and Inexpensive Device to Prevent the Contamination of Sterile Solutions," A. G. Bettman, M.D.; July 23, "Manual Work in the Treatment of the Functional Nervous Diseases," Herbert J. Hall, M.D., "Gymnastics and Massage in the Treatment of Nervous Diseases," Haldor Sneve, M.D., "The Prevention of Blindness," F. Park Lewis, M.D. *The Woman's Medical Journal*, June, "The Nursing Society of the Township of York." *The Survey*, Aug. 6, "How to Save Girls who have Fallen," Annie W. Allen. *The British Journal of Nursing*, July 30, "The Aspects of Disease," Warrington Haward. *The Visiting Nurse Quarterly*, July, Infant Mortality Number. *McClure's Magazine*, August, "Oxygenizing a City," Burton J. Hendrick.

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

CARE OF MALE PATIENTS

I.

DEAR EDITOR:

In the April JOURNAL "M. J. W." asks why I take the position I do regarding assisting in operations upon male patients. Before replying, allow me to ask a few questions.

Does the fact that the patient is in the operating room change the situation? She says, "From the professional point of view, is a man any different from a baby, a boy?" Viewing the nursing profession from the stand-point of "M. J. W.," allow me to ask whether she would be willing to be the patient while she had for her nurse one of our able male nurses? Would she submit to being prepared for a curettage by a male nurse and allow him to assist in the details of the operation and in the care after the operation? Do I still hear, "Why, yes, I can see no difference from a professional point of view we are all as innocent babes." If she voices that kind of sentiment, I am sure she would find it very difficult to teach the laity that she is right in her convictions, or get many pure-minded women to follow her example.

My reasons for taking the stand I do are legion, but I will endeavor to give a few of them. First, I am a Christian, and believe that God in no way approves of such boldness on the part of his people. I believe, as one writer suggests, that women should be thoroughly educated to work for women and men for men. In the days of Noah, God cursed one of Noah's sons because he boldly looked upon the nakedness of his father. We cannot hide behind our profession and think that we are licensed to do as we please. I believe exposure is uncalled for and unnecessary.

In this day, when we have such fine male nurses, each institution may have one or two connected with it. If every nurse would boldly take her stand against this growing evil and demand that male nurses should be in charge of such work, there would be a growing demand for them and women would not be asked to do such work in any place.

At this time, when there is a growing demand for purity, when immorality is on the increase to such an extent that our old world is steeped in as much sin and wickedness as were the cities of Sodom and Gomorrah, it is time for nurses to stand firm on points of purity, both mentally and morally.

It is true that there are nurses who, as "M. J. W." says, lightly regard the exposure of their sex, or either sex; they also take liberties until it becomes a common thing for them to transgress the laws of chastity, but this class of nurses is not approved of by either the nursing or medical professions.

As a professional nurse I believe I have the right to and do nurse men, taking the utmost care to not unnecessarily expose them. I do not approve of exposing either sex, not only because of the embarrassment to my patients, but because it is dangerous to their physical and moral health. I believe we should respect the feelings of modesty in all classes, especially the very young. Too

often their little feelings are so disregarded that it is hard for them to distinguish between morality and immorality.

I, while not a mother, have not departed so far from my womanly instincts not to feel for every mother who intrusts her daughter to my tutoring. I know my mother would have felt outraged at having her daughter perform for men what her motherly wisdom knew would lower the moral standard of women as well as blunt all their delicate senses of womanly dignity and reserve which she had taken years to cultivate. I could not conscientiously ask any of my women nurses to perform for our male patients what I would not do myself.

Do not think I fail to instruct my nurses to care for men. I do, but I also teach them just what is their duty to do, and what they must leave to the physician in charge. I believe the catheterizing of male patients should, nay, must, be done by male nurses or by the patient's physician.

"M. J.W." suggests it is all in the mind, but as we have no control over the minds of others, and some only partly control their own minds, I feel we should do nothing that will call forth any but the purest of thoughts. Let us be careful how we treat our rights as professional women, for fear we may bring contempt upon ourselves in place of the high esteem we now hold. T. M. M.

II.

DEAR EDITOR: In regard to letter by "M. B. N." in June issue of our worthy magazine, I agree that in training, each nurse should be taught, in theory, catheterization of males, just as we were in my school. May the day never come, however, when we, as a profession, will feel that to care for our male patients "in all respects as for our female," will not hurt our profession, if not each nurse personally.

We all know how the profession in general is criticised by many people, as being one in which women have little feeling in regard to modesty, and do we not owe it to our profession, if not to ourselves, individually, to change such opinion?

As all up-to-date hospitals are supplied with internes, or at least a visiting staff, one of whom is or should be within reach, it is certainly unnecessary for pupils to be called upon to catheterize male patients. If an occasion arises like the one "M. B. N." speaks of, then let the nurse fulfil her duty, for of course her duty it would be.

In three years of private duty, I have nursed an equal number of men and women. On three occasions it was necessary for the male patients to be catheterized (two cases in the city). The doctors made their calls suit the hour, or near it, for catheterizing, or sent an assistant, and I was given to understand plainly that I was not expected to do it.

From my discussion of this subject with several well-known physicians, I find that a majority of their profession is of the same opinion as I am.

It is hardly fair to compare our position with that of a male physician attending a female patient, for we all know that since the day of trained nurses began, our duties are to, on every occasion, save embarrassment between patient and physician as far as possible, and only where a nurse is not employed does a doctor attend to the duties that the nurse should and would do.

There is always a tactful way that we may fulfil our duties toward our male patient without neglecting him, and without being called "sticklers" (as "M. J.W." has termed us in April issue) by the attending physician, and

yet maintaining the dignity of the profession and the modesty becoming a woman.

I have heard recently that in a discussion of the character of trained nurses, one gave his opinion of a nurse as a woman who was not immoral but *unmoral*, because her profession called upon her to sacrifice her modesty in fulfilling her duties. This is harsh, but the speaker had had good cause for such opinion as I soon found out, and had more tact been displayed by that nurse, instead of an over-anxious desire to fulfil her duty, declaring she "did not mind," a very different impression would have been given.

Mrs. L. K. R., R.N.

FRUIT DIET FOR NURSING MOTHERS

DEAR EDITOR: In looking over my "Dock's Materia Medica for Nurses" I found upon page 70 this: "It may not be out of place here to refer to a popular error regarding a point of diet; that is, that a nursing woman may not drink lemonade because it will 'sour the milk' and 'give the baby colic.' A nurse will probably often be appealed to on this subject. Her knowledge of the chemical facts—that citric acid is decomposed in the blood, forming a neutral salt; that it does not reach the tissues as an acid, but passes out of the body as a carbonate—will at once decide the question."

Where I had learned this I had forgotten, but I gave acids to some of my patients who were nursing their babies and couldn't see that it made any difference in the quantity of milk nor with the baby. Some mothers would not take acids, and if anything their babies were more "colicky" than the others. Wishing the JOURNAL and nurses every success,

JEANNETTE M. HEATH.

NURSES ON DUTY IN A HOTEL

DEAR EDITOR: I have read with a great deal of interest the articles published in the May JOURNAL about hotel life of nurses. As I am very much interested in the highest standard of nurses being always kept before the public, I should like to add a word on the aforesaid subject. I can't imagine a well-bred as well as a properly trained nurse, whether pupil or graduate nurse, being willing to "exhibit" herself in uniform either in a hotel dining-room or in any other public place. I consider the uniform sacred to the sick room and hospital. If nurses east, west, north, and south will demand the respect that should be shown a woman of culture and good training, we shall not be asked to eat with the employes or maids.

No nurse should expect to go to a dining-room in her uniform. One can always take at least five minutes to slip into some simple gown for the occasion.

A few years ago I was at Atlantic City with a patient, at one of the largest hotels. I did not wear my uniform, as my patient was able to walk about. One evening I noticed how every one seemed to gaze in a certain direction in one of the long sun parlors, and made it my business to see what was causing so much attention. Imagine my disgust to find a fine large specimen of a woman, I can't say a nurse, arrayed in a graduate nurse's uniform, cap and apron! I introduced myself as a sister nurse, as I felt sorry for her, for she seemed to be alone. I learned that her patient was a perfectly well child, romping about with other children. As tactfully as I could, I referred to her wearing her uniform in a hotel. Her answer was that her people were rich, didn't mind paying for the washing of her white clothes, and wouldn't be satisfied if she didn't

wear her uniform. She added that in England it was always worn. "But," I said, "you are not in England, and in America it is not done."

The trouble in most every instance comes by the nurse not standing up for the profession and forcing the public to respect us for what we are and should be, and not for the glitter of the white uniform to attract the attention. Let us be known by our deeds and not by our uniforms.

N. W., R.N.

THE OLD GRADUATE

DEAR EDITOR: I was glad to see the query of "E. P." about work for older graduates. I hope the JOURNAL will discuss the subject, for up to the present time I don't think private duty nurses have given a thought to age limit, and I am sure every registry could supply data of nurses whom they are at their wits' end to place, and who wouldn't think of trying any side line of work. It is very nice to think of working till we are eighty, but I sadly fear that even at sixty we will find we are not wanted, and I trust we will realize the fact early enough to make some provision for the day we are passed by.

M. G. (a graduate of twenty years).

JOURNALS TO SPARE

DEAR EDITOR: We have been collecting a file of JOURNALS for the Club and, in so doing, have acquired a good many duplicates, which we would be glad to dispose of. We have complete years of 1903, 1904, 1908, and some of each year from 1902 to 1907. Perhaps some of your readers are also collecting, and would like to draw on our surplus store.

Very truly,

THE BOSTON NURSES' CLUB,
755 Boylston Street.

S. B. JOHNSON, Secretary.

A SERIOUS QUESTION

DEAR EDITOR: How many nurses who have graduated from hospitals which they found, too late, were not up to the standard, prepare themselves so that they may be eligible for state registration? I hope I am not asking too much and that some of your collaborators may be of some help to this class of nurses.

B. W.

[If secretaries of state associations or of examining boards would reply to this, giving the suggestions that have come from their experience, it would be of great value.—Ed.]

A BAD PRECEDENT

DEAR EDITOR: For some time I have wanted to express my appreciation of the JOURNAL. As a private duty nurse I am interested in the part of the magazine which deals with our problems.

I have recently been forced to face a very disagreeable problem when with a family in comfortable circumstances. The lady inquired my charges, and I told her \$25 a week. It was an easy case, where I could sleep most of the night, but I feel that my time is money, as my expenses go on, working hard or not. My patient told me of a case where a graduate nurse had very light work, and where, though the people were wealthy, she charged only \$15 a week, saying it would not be honest for her to take more, as she slept all night.

I told my patient I thought the nurse did wrong to give charity to a wealthy man. She did not see it in that way and said a nurse should charge

according to the amount of work she does. I informed her that a nurse gives all her time, and her expenses go on just the same. This is the first time in a practice of eight years that I have had to face anything of the kind. I feel that I am right, but would like to know how other nurses feel on the subject.

Sincerely yours,

SUBSCRIBER.

ANSWERS TO EXAMINATION QUESTIONS

DEAR EDITOR: Would it be possible when publishing, for instance, the examination of the State Board of Examiners of Nurses for Georgia, to give the answers with the questions? It would freshen the memory of nurses who are often too busy to spend much time over them. I always look over the questions but seldom have opportunity to look up the answers to those I feel doubtful about. I am a private nurse and cannot carry many books with me.

Sincerely yours,

F. H.

[This request has been often made. The JOURNAL would gladly publish a list of answers with the questions if any board of examiners will be kind enough to supply them. The most interesting and helpful method would be to publish the best answer actually given to each question in the examination. *The Australasian Nurses' Journal* does this.—Ed.]

MENDING OF RUBBER GLOVES

DEAR EDITOR: May I ask through the leaves of the JOURNAL how rubber gloves are mended when pinpricked?

What would you consider the best material to use for covers on operating-room stands? I dislike bleached muslin because it stains readily, and unbleached does not look well. I am now using linen check towelling, but it is quite expensive.

T. M.

[Reply by Jenevieve Van Sickel, head operating-room nurse, St. Luke's Hospital, New York City.

1. For mending rubber gloves, use a good rubber cement, such as "Hartford." Have small round patches of the same kind of rubber. Be sure the surfaces are dry and free from powder, and remove excess of cement with benzine, *at once*. By this method, the gloves stand subsequent boiling well.

2. A satisfactory material for table covers in an operating room is a light weight linen birdseye. The stains wash out well from this and it stands the necessary sterilizing.]

APPRECIATION

DEAR EDITOR: I am glad to say that not only the superintendent but all the nurses seem to enjoy reading the AMERICAN JOURNAL OF NURSING and say they meet many practical and interesting subjects, found not elsewhere.

Sincerely yours in Christ,

SISTER CAMPEAU,
Directress of Nurses.

ST. MARY'S GENERAL HOSPITAL,
Lewiston, Maine.

POST-GRADUATE WORK IN SOUTH

A graduate nurse wants to know if there is a training school in the south or southwest that gives a post-graduate course?

B. M.

[Send responses to editorial office.—Ed.]

NURSING NEWS AND ANNOUNCEMENTS



NATIONAL RED CROSS NOTES

A GENERAL plan for the enrolment of nurses was adopted by the National Committee at a meeting held in New York and a book of information and rules with necessary blank forms was ready for distribution early in April. These rules provide for the establishment of various committees, define their duties, and give the requirements necessary for enrolment as a Red Cross nurse. Copies of the above rules may be procured by writing to the Secretary of the National Committee on Red Cross Nursing Service, State, War, and Navy Building, Washington, D. C.

The National Committee, which is appointed by the War Relief Board, has a general supervision over the formation and work of all other committees—both state and local—and appoints in each state, from names submitted by the state nurses association, a committee composed entirely of graduate nurses who in turn appoint such local committees as they may deem necessary to carry on the work of enrolment throughout the state. Local committees have, in addition, two members appointed by the local Red Cross Committee when such exists.

All applications for enrolment as Red Cross nurses are passed upon by the local committee and no appointments are made without the approval of such committee. This places the investigation of the professional standing of the nurses and the securing of required credentials upon representative women in each locality and should guarantee to the Red Cross an enrolment of well-qualified and carefully selected nurses. It is hoped that by placing this responsibility of selection upon the well-established nursing organizations in the various states the name "American Red Cross Nurse" will carry with it a prestige eagerly sought and carefully guarded. To facilitate a quick response in time of need arrangements are being perfected whereby the names of Red Cross nurses may be kept on file by central registries.

As the army has accepted the Red Cross nurses for its reserve, the requirements for enrolment have been made nearly enough uniform with those governing the army nurse corps so that in the event of war all records would be easily available and of incalculable value to the medical department of the army, for in time of great need it is well-nigh impossible to properly investigate the suitability of those who offer their services.

Realizing that little could be done without the earnest co-operation of the nurses throughout the country, the chairman of the National Committee has taken advantage of every opportunity possible to present the matter to them and has spoken to the following societies: Alumnae Association, Hospital of the University of Pennsylvania, Phila.; Nurses' Club, Philadelphia; Massachusetts State Nurses' Association, Boston; North Eastern Society of Nurses, Albany, New York; Graduate Nurses' Association, Baltimore, Md.; Johns Hopkins Training School, Baltimore, Md.; Graduate Nurses' Association, Chicago, Ill.; Nurses' Alumnae Association, Philadelphia Hospital; Graduate Nurses' Association, Denver, Colorado; County Society, San Francisco; annual meeting Societies of Super-

intendents of Training Schools, New York City; annual meeting Nurses Associated Alumnae of the United States, New York City; Monroe County Nurses' Association, Rochester, New York.

The response from various sections of the country has been most gratifying and already the following state committees have been appointed and are at work organizing local committees: Massachusetts, chairman, Mary M. Riddle, Newton Hospital, Newton Lower Falls; New York, chairman, Elizabeth Dewey, 66 Montague St., Brooklyn, New York; District of Columbia, chairman, Anna J. Greenlees, 1723 G St., Washington, D. C.; Maryland, chairman, Mary C. Packard, Robert Garrett Hospital, Baltimore; West Virginia, chairman, Mrs. H. Camp Lounsbury, 1119 Lee St., Charleston; Georgia, chairman, Mrs. A. C. Hartridge, Pine Hights Sanatorium, North Augusta; Tennessee, chairman, Lena A. Warner, 112 N. Belvidere Building, Memphis; Illinois, chairman, Adda Eldredge, St. Lukes' Hospital, Chicago; Michigan, chairman, Mrs. L. E. Greter, 924 Brush St., Detroit; Iowa, chairman, Helen Balcom, Finley Hospital, Dubuque; Louisiana, chairman, Emma L. Wall, 3513 Prytania St., New Orleans; California, chairman, Moselle Richie, Box 667, Monrovia; Oregon, chairman, Jennie V. Doyle, 675 Glisan St., Portland; Ohio, chairman, Matilda L. Johnson, 501 St. Clair Avenue, Cleveland; Indiana, chairman, Elizabeth Johnson, 2014 N. Pine St., Indianapolis; Wisconsin, chairman, Stella S. Mathews, 644 Astor St., Milwaukee.

Nurses residing in the above states who are interested in the Red Cross and desire information concerning it are requested to communicate with the chairman of their state committee.

Miss Delano, chairman of the National Committee, sailed from San Francisco on July 5th for the Philippine Islands, where she will spend some time inspecting the nursing service in the Army Hospitals, and expects to spend a month in Japan in the interests of the Red Cross before returning to America.

JANE A. DELANO, R.N.,

Chairman, National Committee on Red Cross Nursing Service.

PROGRESS TOWARDS ALMSHOUSE NURSING

SINCE the year when Mrs. Caroline Bartlett Crane first presented the needs of the almshouses to the Associated Alumnae, the members and groups of the national association have remitted a steady, even though very slow and small, activity along the lines she then indicated. In all our states, with perhaps a very few exceptions, the census blanks have been called for, visits to almshouses made, authorities approached with the plea for the instalment of nurses, and women of the laity appealed to, to become interested. These various steps have not, of course, been uniform throughout,—some states have done more and some less, but each has done what it could.

The chief aim of the committee appointed by the Associated Alumnae has been, throughout, to stimulate action within the states and to build up a lasting body of interest in the matter within the state societies. To this end it has been instrumental in securing the appointment of standing committees on almshouse nursing in a number of the states, and promises for similar standing committees in the others. With the creation of these standing committees, and the links connecting them with Mrs. Crane fastened in place,—for she knows that she can reach the almshouse committee in each state through the state president,—the work of the Associated Alumnae Committee would seem to be finished, as

far as the central body is concerned in the agitation for better almshouse nursing, for all practical achievements in actual nursing reform must, of course, be carried on in the states.

The special undertaking of last winter, as reported at the New York meeting, was the questioning of State Charities Aid Societies or State Boards of Charities, and of Tuberculosis Societies. All replies from such bodies, as well as all reports received from nurses, have been regularly sent to Mrs. Crane, who is thus in possession of all the data we have gathered, which she will use in her propaganda.

Already this movement has begun to show some practical effects in a number of directions. Definite improvement in almshouse nursing is being undertaken or planned for in several places, as was only partly shown at the spring meetings in New York. The committee of the Associated Alumnae does not believe that it has always received full information of the exact stage of such progress made, as it has only learned accidentally, as it were, of something doing in one place or another, and it takes this opportunity to ask nurses in all our states to send brief paragraphs to the JOURNAL, giving information of any reforms or improvements made in the nursing in almshouses in their localities, and to suggest that state presidents make the collection of such data a regular part of their state meeting programmes. These reports could then be turned over to the Associated Alumnae and so on to Mrs. Crane, who should be kept informed of every bit of progress made.

Meantime I would suggest, for the help of nurses who are trying to work at this reform in their localities, three possible ways by which something may be done to improve the almshouses:

- I. Endeavor to place resident nurses in charge on fair salary, persuading women's clubs, if necessary, to undertake the salary for a time in order to make the demonstration.

- II. Arrange to have a visiting (district) nurse take in the almshouse patients as part of her day's work; if necessary, have an additional nurse placed on visiting nurse staffs so as to cover the almshouse nursing.

- III. Develop a system of friendly visiting by intelligent laywomen on the lines of the Third Order of St. Francis, to become familiar with all the needs of the patients in almshouses. Such a system of visiting has always preceded hospital reform.

As chairman of the Almshouse Committee, I am now retiring from that position, and my reason is that, becoming daily and hourly more convinced of the underlying and primary need of *the vote* in order to enable women to claim the right to do their own work in their own way, I am daily more unable to feel that it is worth while attempting to push one's way along lines of prevention of misery and illness without having it. Therefore, just as the good nurse, before attempting to give the patient a bath, goes and brings basin, water, towels, and soap, leaving him for that brief period in his dirt and discomfort, so I am going to get myself a vote before I try to push politicians out of almshouses, or any of the other places where they are now securely intrenched. Let those who are not yet adherents of political equality do the ameliorative and palliative work;—as for me, I am sick of wasting time and strength on such confused issues. In resolving, for the future, to drop all and every other detail of work save only the International Council and JOURNAL, and to devote time and energy

to the cause of the enfranchisement of women, I feel that I am doing the best of which I am capable for the nursing profession, which I see in its full relation to the woman movement and to humanitarian advance; for the sick in institutions; and for the prevention of illness and the development of health nursing in the future.

LAVINIA L. DOCK, R.N.

THE ISABEL HAMPTON ROBB EDUCATIONAL FUND

To the Nurses of America:

The Committee on the ISABEL HAMPTON ROBB MEMORIAL FUND desires to bring to the thoughtful consideration of the nurses of this country the great importance of this memorial, and the individual responsibility that must be assumed by each of us, if we make of it what we desire it to be—a worthy contribution to the cause of the higher education of nurses and an impressive testimonial to one of the great teachers in our profession.

Throughout the length and breadth of our land, there ought to come the practical evidences that you appreciate your own obligation in this endeavor and that out of your sincere appreciation you purpose that this memorial shall be, not the attempt of a few, but the grateful expression of every nurse and every training school, that one and all are debtors to Isabel Hampton Robb beyond what they can ever repay.

Blessed indeed are we in the usefulness and efficiency of our work as nurses, beyond many women! And it is she whom we owe tremendously for this; she who saw far into the future and who, out of her clear perception of what was needed to be done, was able to bring system and method and high purpose, that all of us have gained from in large degree. "How shall we show the worship we would do her?" Surely, by carrying out the purposes so dear to her heart, in making the nurse's training one of increasing educational privilege and highest dignity. No better means toward this end could have been devised than the establishment of the ISABEL HAMPTON ROBB EDUCATIONAL FUND, to which all of you are asked to give, as your heart prompts you. You and your school may profit directly from it, if you choose. Assuredly, the nursing profession will profit immeasurably, as there are added to its ranks earnest, enthusiastic women who have had the advantages of these Robb Scholarships, to make them better teachers and leaders among us.

It is urged that every nursing body, alumnae and state association, nursing clubs and schools, etc., make a systematic effort to interest their members, that everyone shall feel the desire to have some part in this splendid undertaking. We must realize that \$50,000 can be raised only by united, systematic, and sustained effort, and for some years ahead, until the sum is complete, we must constantly keep this Fund an important and live issue. Through personal letters addressed to all the graduates of the school, and to all the graduated classes, through the many centres of interest that the private nurse may be able to create, through interesting the large body of nurses not connected with local or national nursing organizations—through these means and many more which you may choose to adopt, it must be demonstrated that the ISABEL HAMPTON ROBB EDUCATIONAL FUND has the generous support of the entire nursing body of America and that its early completion is an assured fact.

Contributions to the ISABEL HAMPTON ROBB EDUCATIONAL FUND are as follows: N. L. Dorsey, \$5.00; E. Culbertson, \$5.00; Dorothea M. McDonald,

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\$25.00; A. M. Lewis, \$5.00; Emma A. Doe, \$5.00; Laura Kreer, \$5.00; Beata Carlson, \$1.00; Nancy E. Cadmus (personal), \$10.00, (collected), \$25.00; Isabel Jarvis, \$5.00; M. Helena McMillan, \$25.00; Mrs. Charles D. Lockwood, \$5.00; Estelle Campbell, \$2.00; Isabel Harroun, \$1.00; Alumnae Society of Nathan Littauer Hospital Training-School for Nurses, \$10.00; Jno. Norton Infirmary, \$25.00; Miss Van Lanschott Hubrecht, \$2.00; Nancy P. Elicott, \$5.00; Anna Rein, \$1.00; Mae D. Currie, \$1.00; M. C. Stewart, \$25.00; H. L. Fisher, \$5.00. Total, \$198.00.

(All drafts, money orders, and certified checks should be made payable to The Merchants Loan & Trust Company.)

HELEN SCOTT HAY, Chairman,
509 Honore Street, Chicago, Ill.

Contributions to the JOURNAL Purchase Fund to August 15, 1910: 57 shares AMERICAN JOURNAL OF NURSING Stock. Received from Anna Davids, R.N., treasurer, \$1185.85; Richmond, Va., local organization, \$10.00; Grace Watson, \$3.00; San Francisco Training-School Nurses' Alumnae, \$25.00; Emma Holmes, \$5.00; Louise Brink, 50c.; Anna R. Turner, \$5.00; Helen Warburton, \$5.00; Los Angeles County Nurses' Association, \$3.50; Illinois State Association (sale of Nightingale post-cards), \$30.00; Presbyterian Hospital, Philadelphia, Nurses' Alumnae, \$25.00; Josephine Leland Breed, 50c.; German Hospital, Brooklyn, Alumnae Association, \$5.00; St. Luke's, Chicago, Alumnae Association, \$100.00; Englewood, New Jersey, Alumnae Association, \$6.50; Presbyterian, Chicago, Alumnae Association, \$10.00; Indiana State Nurses' Association, \$50.00. Total, \$1469.85.

M. LOUISE TWISS, R.N., Treasurer,
419 West 144th Street, New York City.

ASSOCIATED ALUMNÆ PROGRAMME

Alumnae, state, and county associations affiliated with the Associated Alumnae are asked to send suggestions for next year's programme to the chairman of the programme committee, Edna L. Foley, R.N., Room 411, 158 Adams Street, Chicago, Ill. Since the publication of the convention proceedings, with the names of committees, Sister Amy has asked to be relieved of the chairmanship of this committee, as she was serving in like capacity for the Superintendents' Society. Miss Foley especially wishes suggestions for papers on social service work, as undoubtedly one session will be devoted to that subject.

AGNES G. DEANS, Secretary.

CHANGES IN THE ARMY NURSE CORPS SINCE APRIL 18, 1910

Appointments: Ethel M. Baker, Illinois Training School, Chicago; Florence R. Churchill, Westboro Insane Hospital, Westboro, Mass., and New York Polyclinic; Elsie C. Dalton, Philadelphia General Hospital; Marie E. Kilcoyne, Milwaukee County Hospital, Wisconsin; Lyda Latham, City Hospital, Cincinnati, Ohio; Mary McEntee, Bellevue Training School, New York City; Lyda Rodgers, City Hospital, Cincinnati, Ohio; Margaret L. Todd, Bellevue Training School, New York City; Callie D. Woodley, St. Louis Training School, St. Louis City Hospital, St. Louis, Mo.; Joan R. Annand, graduate of Watertown City Hospital, Watertown, N. Y.; Minnie E. Kuehl, Grace Hospital, Boston, Mass., post-graduate of Bellevue Hospital, New York City; Etta M. Staub, Episcopal Hospital, Philadelphia, Pa.; Evangeline Duffy, graduate of Saint Joseph's Hospital, Philadel-

phia, Pa., night superintendent of Garretson Hospital, Philadelphia, and Superintendent of Training School, Saint Joseph's Hospital, Lancaster, Pa.; Clara M. Ervin, graduate of Worcester Insane Hospital, Worcester, Mass., also supervising nurse at Worcester Hospital, and nurse at Bellevue Hospital, New York City; Myra Eva Hummel, graduate of the Hospital of the Protestant Episcopal Church, Philadelphia, also assistant superintendent of the Lying-in-Charity Hospital of Philadelphia; Cora Miller, graduate of Samaritan Hospital, Troy, New York; Rhoda M. Wright, graduate of the Monmouth Memorial Hospital, Long Branch, New Jersey.

Reappointments: Virginia M. Himes, Government Hospital for the Insane, Washington, D. C., and New York Polyclinic; Mary C. Jorgensen, City Hospital Training School, Troy, N. Y.; Mary E. Nagle, Erie County Hospital, Buffalo, N. Y.

Discharges: Rose E. Abel, May 26; Hannah P. Morris, April 9; Millicent Stuart, April 8; E. Marie McGinty, June 9; Maude A. MacLellan, June 15; Alice G. Mahoney, June 17; Frances M. Steel, June 21; Bessie C. Osbaugh, June 19; Anna L. Davis, July 1; Ethel J. Pinches, July 13; Louise Maguire, August 1; Mary H. Hallock, August 8; and Valeria Rittenhouse, August 8.

Transfers: Pearl B. Beecher from General Hospital, San Francisco, to Manila, P. I., May 5; Bessie S. Bell from San Francisco to General Hospital, Ft. Bayard; Emma Rothfuss from San Francisco to General Hospital, Ft. Bayard, N. M.; Pamela E. Tiernan from San Francisco to General Hospital, Ft. Bayard. From General Hospital, San Francisco, to Ft. Bayard, New Mexico, Victoria E. Armstrong; Leonora Bricker; Mary C. Jorgensen, and Mrs. M. Virginia Himes. From General Hospital, Ft. Bayard, to San Francisco, California, Josephine Anslyn, Louise Rohlf, and Emma Woods. From San Francisco to Philippines Division on Logan, June 6, Dollie Ann Bowser and Mrs. Adie H. Chapman. From San Francisco to Ft. Bayard, New Mexico, Edith H. Rutley. From Philippines Division to San Francisco, July 12, Gertrude H. Lustig and Valeria Rittenhouse; August 12, Lyda M. Keener and Elizabeth D. Reid. From San Francisco to Philippines Division, Anna B. Carlson, Carrie L. Howard, Sarah T. Little, and Bessie Kelly (from Ft. Bayard) on August 5. From Division Hospital, Manila, to Camp Keithley, P. I., Florence W. Thompson. From Camp Keithley to Division Hospital, Manila, P. I., Junia Hattie Latimer.

JANE A. DELANO, R.N.,
Superintendent, Army Nurse Corps.

CHANGES IN THE NAVY NURSE CORPS

Appointments: Maud L. McKennie, graduate of the Brooklyn Hospital Training School; Tella B. Erwin, Lakeside Hospital, Cleveland, Ohio; Mary R. Gillette, University Hospital, Philadelphia, Pa.; Lily E. White, St. Vincent's Hospital, Norfolk, Va.; Ruth R. Kuhn, University of Maryland Hospital, Baltimore, Md.

Transfers: From the Naval Hospital, Norfolk, Va., Thomasina B. Small to the Naval Hospital, Mare Island, Cal., and Mary C. Nelson to the Naval Hospital, Brooklyn, N. Y. From the Naval Medical School Hospital, Washington, D. C., to the Naval Hospital, Norfolk, Va., Sara M. Cox and Sara B. Myer.

ESTHER V. HASSON, R.N.,
Superintendent Navy Nurse Corps.

MASSACHUSETTS

THE MASSACHUSETTS STATE NURSES' ASSOCIATION held its seventh annual meeting in Boston on June 14. There was a large attendance and the following interesting and helpful programme was carried out: invocation, Rev. Charles E. Eaton; address, Mary M. Riddle, president of the association; "The Bill," Charles E. Bancroft; "What State Registration Has Accomplished in Other States," Sara E. Parsons; "A Plea for Graded Registration," Dr. C. H. Cook; "Suggestions as to the Value of a Superintendents of Training Schools Society Connected with Our State Association," Clara D. Noyes. It was voted that a committee of five be appointed to outline a policy or plan of procedure whereby the superintendents of training schools in Massachusetts may be affiliated with the State Nurses' Association, Miss Noyes to be chairman of the committee and choose her associates. Twenty-seven new members were added. The association is rejoicing over the fact that its bill for state registration of nurses has become a law, and the announcement of the personnel of the board by Mr. Bancroft was received with much applause: Mary M. Riddle, Newton Hospital; Lucia Jaquith, Worcester Memorial Hospital; Mary E. Shields, Boston; Dr. George T. Tuttle, McLean Hospital, Waverly; and Dr. Edwin B. Harvey, secretary of the state board of registration in medicine. Emma M. Nichols was chairman of the programme committee, and the refreshments were served by the Boston Nurses' Club under the direction of Julia E. Reed, registrar of the club.

Boston.—THE BOSTON NURSES' CLUB, by invitation of the New England Hospital Alumnae Association, held its last social of the season at their club house and the grounds of the New England Hospital on the afternoon of July 9. About sixty club members and friends attended and all much appreciated the hospitality shown them. Refreshments were served on the lawn, to the accompaniment of music, and the guests were afterward invited to inspect the new Goddard Home for the nurses of the training school.

Newton Lower Falls.—MARY M. RIDDLE, superintendent of Newton Hospital, has been abroad for the summer.

Danvers.—THE STATE HOSPITAL FOR THE INSANE held graduating exercises on June 27. There were five graduates. Addresses were given by Dr. Henry M. Swift, and Dr. Charles W. Page, retiring superintendent; the diplomas were presented by S. Herbert Wilkins. Lillian Scott gave the valedictory. Dr. Page spoke on "What Nurses Gain by Treating Insane Patients without Mechanical Means of Restraint," a subject in which he has always been deeply interested.

New Bedford.—CLARA D. NOYES, superintendent of St. Luke's Hospital, has resigned to take the position of superintendent of nurses of Bellevue and Allied Hospitals. She is succeeded by Stella W. Sampson, a Johns Hopkins graduate, who has been her assistant for the past year.

CONNECTICUT

New Haven.—CHARLOTTE M. PERRY, recently superintendent of nurses at Faxton Hospital, Utica, N. Y., has accepted the position of superintendent of Grace Hospital in this city, assuming her duties September 1.

RHODE ISLAND

Providence.—THE RHODE ISLAND HOSPITAL held graduating exercises on the evening of May 26 in the Royal C. Taft building for out-patients for the 29

graduates of the class of 1910. Addresses were given by President Faunce, of Brown University, and by Mary M. Riddle. The diplomas were presented by President Gammell of the board of directors. An informal reception and dancing followed.

NEW YORK

THE NEW YORK STATE NURSES' ASSOCIATION will hold its annual meeting at Rochester, October 18, 19, and 20, in the ball-room of the Hotel Seneca. The committee on arrangements has selected the Hotel Seneca as headquarters, and rooms there may be had at the following rates: single rooms, without bath, \$1.50 per day, and up; with bath, \$2, and up. Other excellent hotels are the Powers Hotel, Hotel Rochester, and the Whitcomb House. Delegates and members are requested to make their arrangements and secure accommodations at an early date, as the Rochester Industrial Exposition will be closing at the time and the hotels will be crowded. A complete programme will be published in the October JOURNAL.

In view of impending legislation, the executive committee has decided that it is necessary to increase the dues for the following year to twenty cents per capita for associations and to two dollars for individual members.

GRACE KNIGHT SCHENCK, R.N., Secretary.

THE NEW YORK STATE COMMITTEE ON RED CROSS NURSING SERVICE held a meeting on June 21 at the Central Nurses' Club. In the absence of the chairman, Miss Dewey, the meeting was called to order by the secretary, Mrs. Stevenson. Mrs. Schenck was elected temporary chairman. Members present, Miss A. Charlton, Mrs. Stevenson, Mrs. Schenck. The reading of the minutes of the last meeting was suspended. A letter from Miss Dewey was read asking that the question of meeting the expense of the committee for postage be brought to the attention of the state association. Mrs. Schenck said she would report the matter at the next meeting of the state executive committee. Mrs. Schenck presented the list of candidates for appointment on the Manhattan local committee which had been approved by the county association: Mrs. Twiss, Elsie Patterson, Anna Charlton, Mrs. Brockway, Addie Bredehorst, Sallie Chamberlain, Rose Johnson, Blanch Blackman, Harriet Frank, and Mrs. Schenck. In reserve, Florence Johnson, Misses Ward and McKnight. Mrs. Schenck was instructed to notify these candidates of their appointment. Mrs. Stevenson, on behalf of Miss Dewey, presented the list of candidates for appointment on the Brooklyn local committee which had been approved by Kings County Association: Mrs. M. L. Rogers, Mrs. E. Ward, Mrs. A. Henricksen, Anna Davids, Bertha Cooper, M. O. Donnell, Miss Horrocks, Miss Wale, Mrs. Stevenson, and Miss Dewey, chairman. Miss Dewey was instructed to notify these candidates of their appointment. The secretary read a letter from Miss Farquhar, secretary of the Central Club House, authorizing the committee to hold the meeting at the club house. A hearty vote of thanks was voted her for her courtesy. A report was made by Mrs. Stevenson of the proposed division of counties among the district local committees. The Brooklyn committee will have charge of enrolments on Long Island; the Manhattan will have charge of all other enrolments throughout the state until the other local committees have been appointed. The secretary was directed to ask the secretaries of the local committees (1) to report to the state committee after each regular meeting the number of new enrolments and place of residence; (2) to notify the secretaries of nursing organizations in their districts that appli-

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cants for enrolment who are members of a society affiliated with the Nurses' Associated Alumnae must be endorsed by their society; (3) to suggest the advisability of appointing alumnae Red Cross committees to keep in touch with Red Cross work and secure the enrolment of nurses; (4) after the first meeting of the committee to forward to Washington recommendations as to what club or registry or office is suggested for the headquarters of the committee. The secretary was authorized to send a letter to Washington to the national committee asking for information as to the desirability of undertaking emergency relief work during parades and large public meetings. Letters were read from Miss Morley and Miss Maxwell on the Buffalo work, from Mrs. Burrell on Syracuse work, and Miss Dewey on the Albany work. It was decided to recommend to the state executive committee through Mrs. Schenck that Miss K. I. Kennedy, of Buffalo, be nominated in place of Miss Morley, resigned on account of ill health. It was decided to endorse any action taken by Mrs. Burrill in regard to the Syracuse committee, and by Miss Dewey in regard to the Albany committee. Meeting adjourned.

B. VAN H. STEVENSON, Secretary.

New York City.—THE NURSES' CLUB HOUSE, 54 East 34th Street, which threw open its doors with two large receptions during the week of May conventions, is the centre of nursing interest, many members having been received during the summer. Application blanks for club membership may be obtained by writing or calling upon Miss Farquhar, acting secretary, at the club address, to whom also applications for rooms should be made. Annual dues are \$1, with an initiation fee of \$1. The dining-room is open to nurses and their friends for breakfast, luncheon, and dinner,—afternoon tea is served in the garden, and a quieter, more attractive spot it would be difficult to find. There has been such a cordial response on the part of nurses that the success of the club house is practically assured and plans have been drawn for a twelve-story permanent club to accommodate four hundred nurses.

THE NEW YORK COUNTY REGISTERED NURSES' ASSOCIATION, at its annual meeting, held on June 7, elected the following officers: president, Charlotte Ehrlicher, R.N.; vice-president, E. E. Golding, R.N.; recording secretary, Irene Yocum, R.N.; corresponding secretary, Mrs. Hugh Jack, R.N.; treasurer, Jennie Greenthal, R.N.; trustee for three years, Maria Daniels, R.N. This association begs to announce the opening, under its auspices, of the Central Registry, 52 East 34th Street, telephone, 3457 Madison Square, with Pauline L. Dolliver, registrar, and Marie A. Pless, assistant registrar.

The following regulations have been adopted for the government of the registry:

MEMBERSHIP

Class A—Any member of an affiliated association if already registered with her own registry is eligible to membership on paying an annual fee of \$10.00.

Class B—An individual member of the County Association is eligible to membership on payment of an annual fee of \$15.00.

Class C—Graduate nurses who agree to apply for registration within a year may be admitted to membership if acceptable to the County Association on payment of an annual fee of \$15.00.

Class D—Women who can give satisfactory credentials and do good work,

but who have had no diploma from a hospital may be admitted to membership under rules formulated by the registry committee and on payment of an annual fee of \$5.00.

Affiliated Associations are requested to pay an annual fee of 15 cents per capita.

RULES FOR NURSES

1. Nurses on registering must state what class of cases they will take.
2. Nurses reporting for duty are placed at the foot of the list. When no request is made for a particular nurse, the Registrar shall, if possible, send the first one on the list who is registered for the class of work, to which the call belongs. The name of the nurse refusing a call for which she is registered will be placed on the foot of the list.
3. Nurses must notify the Registrar of illness or any other unavoidable cause which will prevent their responding to a call, in which case their place on the list shall remain the same.
4. Nurses on calls lasting only forty-eight hours retain their places on the list if notice has been sent to the Registrar within twenty-four hours after leaving the case.
5. Nurses on the list taking outside calls must notify the Registrar promptly.
6. Nurses needing a second nurse at a case are requested to secure the services of a registry member by telephoning to the Registrar.
7. When a nurse's name has become tenth on the list she shall receive a postal notification from the Registrar to that effect and after being thus notified she must not be out of reach of the registry for more than two hours at any one time. Otherwise she will forfeit her turn, and the next nurse will be assigned to the case. The right is reserved for an emergency case to assign the first nurse that can be reached.
8. Dues must be paid annually in advance on registering and no nurse in arrears shall be considered on call.
9. The Registry requires a week's quarantine after contagious calls, but if the doctor knowing the conditions, be willing to permit a nurse to take it under that time, he assumes all responsibilities.

TERMS

The established uniform fees to which all nurses must conform when engaged through the central Registry are as follows:

1. For general nursing \$25 per week and at the same rate for a period exceeding a week. Less than a week \$4.00 per day.
2. Obstetrical cases \$30 per week for the first two weeks, \$25 for the succeeding weeks unless there are two nurses, when \$25 per week will be charged for the entire time.
3. Nervous cases, alcoholic, insane and contagious \$30.00 per week, and at the same rate for a period exceeding a week. Less than a week \$5.00 per day.
4. In cases where there is more than one patient \$5.00 per week extra will be charged for each additional patient. For attendance at an operation or one day's engagement \$5.00.
5. No charge made for attending the body after death unless called in especially for that duty when a charge of \$5.00 may be made.

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6. When on twenty-four hour duty a nurse should have at least seven hours' sleep and two hours' recreation.

7. Travelling expenses are to be charged only when the engagement is out of town, laundry shall be charged on out-of-town contagious cases.

8. The schedule of the Mills' Association shall govern the prices of the male nurses.

The regular quarterly meeting of the county society will be held at the Club House, 54 East 34th Street, on Tuesday, October 4, at 8 P.M.

THE NEW YORK DIET KITCHEN ASSOCIATION, founded for the purpose of distributing properly-prepared foods, particularly milk, to the destitute sick, and now in its thirty-eighth year, bids fair to become one of the most important educational centres in the city. In no other place is it possible to reach so many mothers and children every day and instruct them in the laws of health. The association is fortunate in securing as superintendent of the work Maria L. Daniel, R.N., late supervising nurse of the Division of Child Hygiene, Department of Health. The Department details doctors and nurses for conferences with the mothers, held in the kitchens, usually on Thursdays, weekly, where the service is lighter; but in the heavier districts, two are held during the week. One morning following the conference, a nurse is on duty in the kitchen to further instruct any mother who is in need. During the past two years the association has changed to a paying basis, and now the milk is sold to those who can pay for it, at grocery store prices, but as it is certified milk, the grocer is compelled to dispense clean pure milk, if he would have the patronage of the diet-kitchen instructed public. A new kitchen just opened in the Bronx makes nine in all, and is in the locality where the mortality was highest last summer.

THE ROOSEVELT HOSPITAL GRADUATES on June 30 gave a farewell reception for the retiring superintendent of nurses, Mary A. Samuel, and presented her with a silver loving cup and a bag of gold pieces. Her successor has not been appointed.

CLARA D. NOYES, superintendent of St Luke's Hospital, New Bedford, has been appointed superintendent of the training schools of Bellevue and Allied Hospitals.

AMY M. HILLIARD, R.N., recent superintendent of the Jackson Sanatorium Training School, Dansville, took charge on July 1, of the nursing in the Neurological Hospital.

LUCY ASHBY SHARPE, a Johns Hopkins graduate, and recent superintendent of the Church Home and Infirmary, Baltimore, is now superintendent of the New York Nursery and Child's Hospital, which is really the old New York Infant Asylum, under a new name and organization. There is exceptional service in obstetrics and children's diseases, and both affiliated and graduate work will be given, care being taken for the comfort of the nurses and for their training.

Schenectady.—THE HUDSON VALLEY ASSOCIATION FOR TRAINING SCHOOL PROGRESS met at the Physicians Hospital on June 11, Miss J. Littlefield presiding. Points of interest from the New York conventions were brought up for discussion, members who had been present at the meeting giving short reports. It was with deep regret that the members learned of Miss Alline's decision to leave the state department and take up other work. She was one of the organizers of the Hudson Valley Association and has been present at all the meetings, which have been interesting and helpful through her efforts. Her constant aim has

been to improve the training schools and raise the standard high. Her presence at the meetings as well as her visits of inspection have been an incentive to good work, and the members feel that the new Homœopathic Hospital in Buffalo is to be congratulated in its choice of a superintendent. In behalf of the Association, Miss Schulze, of the Saratoga Hospital, presented Miss Alline with a beautiful cut glass vase, and in doing so she referred to Miss Alline's work at Teachers College, saying that it is due to her influence, her untiring and efficient work, that the Hospital Economics Course is as high as it is to-day. She thanked her for her efforts on behalf of the association and of the training schools. Miss Alline responded in a few words of gratitude for their co-operation and for their gift. These sentiments were embodied also in a formal resolution. The next meeting will be held in Glens Falls, N. Y., August 13.

Rochester.—HAHNEMANN HOSPITAL has a new assistant superintendent, Florence Amaveen, a graduate of the Homœopathic Hospital, Boston, who succeeds Miss Archer, now Mrs. Heal.

Canandaigua.—THE FREDERICK FERRIS THOMPSON HOSPITAL graduated its first class of five nurses on the afternoon of June 8. Addresses were made by Hon. Robert F. Thompson, Dr. John H. Jewett, and Dr. Rogers Israel, of Scranton, Pa. The diplomas and pins were presented by Mr. Edward G. Hayes, president of the board of directors.

Buffalo.—MISS BENTON, the retiring superintendent of nurses of the Homœopathic Hospital, was given a farewell luncheon at which she was presented with a pendant of black pearls and diamonds by the associate board.

NEW JERSEY

Trenton.—THE WILLIAM MCKINLEY MEMORIAL HOSPITAL TRAINING SCHOOL FOR NURSES held its commencement on June 9, graduating three nurses. Dr. Speakman, of Philadelphia, made the address. Laura M. Weber is superintendent of the school.

PENNSYLVANIA

REPORT OF THE PENNSYLVANIA STATE BOARD OF EXAMINERS FOR REGISTRATION OF NURSES

In reviewing the work of the past year the Board feels gratified at the general interest taken in the work, not only among the graduate nurses, but also physicians and the public. The number of graduates registering far exceeds the expectations of the Board and registration in other states. The Board is happy in the thought that the standard of the hospitals graduating nurses in this State is of a very high order of efficiency, and that the management of these hospitals is making every effort to establish a uniform curriculum, and training their pupils in a reasonable and practicable way.

The Board recognizes the fact that time will be necessary for a certain proportion of the training schools to come to that standard which the medical profession throughout the State requires, and the fact should be emphasized that this Board is most anxious to be of assistance to those schools so that when examinations begin, the entire medical and nursing professions will be satisfied with the registration law as administered by its Board.

For the good of registration in Pennsylvania, each member of the Board has taken a personal interest in nursing affairs in all its aspects. They have

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been untiring in their efforts to place the subject properly before the public. It now remains for each individual graduate, who has registered, to show to the public and medical profession that registration is a guarantee that she is obedient to the doctors' orders, that she has skill in carrying out those orders in such a way that they produce the results expected by the medical attendant, and with the least possible expense and discomfort to the patient.

The registered nurse should study in a practical way all those points taught her in her training days, regarding patience, loyalty, and obedience, and practise them as a nurse under the direction of the physician. She should refrain at all times from criticizing the medical management of any case. In emergencies she should consider herself a layman, with some ability to keep the patient safe until proper medical attention arrives.

It is the opinion of the Board that those nurses having the best training are those that appreciate the value of registration and are most cautious in assuming responsibility, and that it is the poorly trained and ignorant nurses who very foolishly call upon their profession the odium which their actions warrant. It might be well for all registered nurses to commit to memory a quotation from an editorial in the *Pennsylvania Medical Journal*, of May, 1910, which is as follows:

"The title 'Registered Nurse' will be of value just in proportion as experience shall convince physicians that nurses that have passed the State Board are, as a rule, better than nurses that have not such an examination."

Registration has been granted to 228 additional nurses.

Philadelphia.—THE UNIVERSITY OF PENNSYLVANIA has been selected by Mr. Henry Phipps, of New York, to carry on the work of the Phipps Institute for the study, prevention, and treatment of tuberculosis. Mr. Phipps has already acquired ground in this city on which will be erected a hospital for this purpose. The extent of the benefaction exceeds \$5,000,000. The work will be divided into three general departments, each of which will be presided over by a director. For the directorship of the laboratory, Dr. Paul Lewis, now of the Rockefeller Institute, has been selected. For directorship of the sociological department, Mr. Alexander M. Wilson, of the Boston Association for the Relief and Control of Tuberculosis. Dr. H. R. M. Landis has accepted the appointment as director of the clinical department.

THE HOWARD HOSPITAL NURSES' ALUMNÆ ASSOCIATION gave an informal reception and dance on June 1 to the graduating class, the members of which were elected to membership on May 18.

Punxsutawney.—ADRIAN HOSPITAL ALUMNÆ ASSOCIATION held its semi-annual business meeting at the home of Miss Bright, at DuBois, on July 6. Eleven members were present, and three new ones were admitted. The following officers were elected: president, Erie B. Smith; vice-president, Harriet Bright; secretary, Fannie London; treasurer, Mrs. Chester Fugate. Miss Lunetta Miller, superintendent of the hospital, donated to the alumnae fund a beautiful silver tea set. After the business meeting, the members were given a dinner at the Commercial Hotel by Dr. S. M. Free. The next meeting will be held at Adrian Hospital, the first Wednesday in January, 1911.

Oil City.—OIL CITY HOSPITAL held commencement exercises for the classes of 1909 and 1910 at the nurses' home on the evening of July 7. Addresses were made by Mr. S. Y. Ramage, Rev. J. E. Darby, D.D., and Mr. F. W. Hayes. The

diplomas and badges were presented by Mr. Ramage, and the Hippocratic Oath was administered to the eight graduates by Emma J. Keating. A reception followed.

McKeesport.—THE MCKEESPORT HOSPITAL graduate nurses held their annual picnic on July 6, at Olympia, during "Old Home week." Friends from other towns helped make the event an enjoyable one.

DISTRICT OF COLUMBIA

THE NURSES' EXAMINING BOARD OF THE DISTRICT OF COLUMBIA will hold examination of applicants November 9-10. Applications must be filed with the secretary before October 15.

KATHERINE DOUGLAS, R.N., Secretary and Treasurer,
320 East Capitol Street, Washington, D. C.

Washington.—THE GRADUATE NURSES' ASSOCIATION at a special meeting, called June 17, to hear the report of Miss Dauchy, the delegate to the convention, and to discuss the club house, voted to have a club and to take the house at 1337 K Street, N. W., as headquarters for the club and for all nursing interests connected therewith. The house is large, ideally situated, facing a beautiful park, within walking distance of most of the interesting sights of the city and of its business and amusement centre, near two lines of cars that transfer to all others. It can accommodate from twelve to fourteen resident nurses, the central registry, and has an assembly room, library, dining-room, and kitchen. The sum of \$900 was immediately subscribed by the members present for furnishing and incidental expenses, with the expectation that the absent members would bring the fund up to \$2000. The new quarters were occupied on July 26.

FOUR MEMBERS OF THE NAVY NURSE CORPS have completed a course of sixteen lessons at the McKinley night school which included classification, chemical composition, and nutritive values of foods.

THE FREEDMAN'S HOSPITAL GRADUATE NURSES' ALUMNÆ ASSOCIATION gave a reception to the class of 1910 on May 19, at 918 T Street, N. W.

MARYLAND

THE MARYLAND STATE BOARD OF EXAMINERS OF NURSES will hold its next examination for state registration, October 11, 12, 13, 14, at the Medical and Chirurgical Library, 1211 Cathedral Street. All applications must be filed with the secretary before September 30, 1910.

ELIZABETH G. PRICE, R.N., Secretary,
1211 Cathedral Street, Baltimore, Md.

Baltimore.—THE HOSPITAL FOR THE WOMEN OF MARYLAND, corner of John Street and Lafayette Avenue, is about to establish a training school for nurses. The course will cover three years and will include sufficient supplementary training to render the nurses eligible for the State Board examinations.

FRANCES HARTWELL, an early graduate of Johns Hopkins, and for many years associated with New York hospitals, has taken charge of the Church Home and Infirmary.

N. WILSON, R.N., graduate of the Protestant Infirmary Hospital, has been ill for many months, part of the time in the hospital, having undergone an operation for appendicitis in the spring. Her illness is partly due to an automobile accident.

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THE UNIVERSITY OF MARYLAND TRAINING SCHOOL graduated a class of twenty nurses on May 6, at Lehman's Hall; the exercises were followed by a reception and dance.

THE NURSES' ALUMNÆ ASSOCIATION OF THE UNIVERSITY OF MARYLAND entertained the graduating class of 1910 on May 7.

THE EXECUTIVE BOARD of the Maryland University Nurses' Alumnae Association was entertained at luncheon by Mrs. Page Edmunds, president of the association, on May 28.

ALICE F. BELL, class of 1907, University of Maryland Hospital, has been appointed superintendent of the University of Maryland Training School. Miss Ravenell has been reappointed in the relief association in Aiken. S. C. Annie E. King, class of 1903, is in charge of the Baltimore Eye, Ear, Throat and Nose Hospital. Florence King, and Miss Taylor, class of 1910, have accepted positions as head nurses in the same institution.

VIRGINIA

THE VIRGINIA STATE BOARD OF EXAMINERS met in Richmond, May 15. Forty-one nurses came up for examination.

Richmond.—THE RICHMOND NURSES' CLUB was organized in June, the purposes of the organization being, as set forth in the constitution, to promote the general welfare of the nursing profession, to raise it to the highest standard attainable, to promote social intercourse and good fellowship among nurses, to uphold a high code of ethics, and to establish club rooms. The organization started with over forty-five charter members. Eligibility to membership consists of state registration and good standing in the profession. It is the purpose of the club to hold weekly meetings, and to vary the line of work discussed and the programmes. One meeting each month will be devoted to business, the next to literature and art, the next to social work, and one to professional work, papers, discussions, etc., which will enable the members to keep up with the newer ideas and methods. In having these different programmes, it is intended to meet the needs and tastes of different members. A committee on each line of work is appointed to serve for three months. The superintendents of the several training schools of the city are taking an active part in the club. Officers for the present year are as follows: president, Miss Detwiler, Illinois Training School; vice-presidents, Ruth Robinson, superintendent St. Luke's Hospital, Maggie Watkins, Virginia Hospital Training School; treasurer, Sallie Webb, Virginia Hospital Training School; secretary, Rachel Isaacson, St. John's Hospital, Minnesota; assistant secretary, Evelyn Daniel, Virginia Hospital. There has been a long-felt need in the city for heartier co-operation among nurses, especially has this been felt by those who graduated in other cities and are away from their own alumnae associations. The club rooms, at 115 East Franklin Street, were opened on July 1. Meetings are held each Thursday at 4 P.M.

ETHEL MAY LINDEN, of London Training School, England, who has been the efficient head nurse at the Virginia Home for Incurables, has resigned her position and accepted one in the State Tuberculosis Hospital at Mount Alto, Pa.

FLORENCE BESLEY, graduate of the Columbia and Children's Hospitals, Washington, and for six years superintendent of nurses at the Hospital of the University of Virginia, Charlottesville, after a vacation of two years at her home in Virginia, sailed on July 15 for the Philippines, where she assumes charge of the Civil Hospital, Manila.

WEST VIRGINIA

THE WEST VIRGINIA STATE GRADUATE NURSES' ASSOCIATION will hold its fifth annual meeting in the Assembly Room of Hotel Kenawha, September 6, 7, and 8. September 6 will be devoted to the Society of Training School Superintendents. Subjects to be considered are: "The Probationer: Entrance examinations, length of probation, her studies and duties." "The First Year Nurse: Her studies and duties." "Pupil's second year of study and duty." "Pupil's third year of study and duty." "Affiliation with large, or special Hospitals. Is it practicable?" "Private Nursing by pupil nurses. Is it wise?" "District Nursing by pupil nurses. Should it be done?"

Some of the papers to be read at the state meeting on the following days are: "The Anti-tuberculosis Movement in Charleston," "A Hospital for Sick Babies," "Some Phases of Private Nursing," "The Teaching of Bacteriology." Headquarters are at the Hotel Kenawha.

Committees of Charleston nurses, distinguished by wearing a green and white rosette, on the left collar, will meet all trains on September 6.

THE BOARD OF EXAMINERS FOR NURSES met on June 19 in Charleston at the capitol, the Senate Chamber being given for its use. Forty-six candidates were examined, representing thirteen training schools, all of the state except one.

Fairmont.—THE COOK HOSPITAL AND TRAINING SCHOOL held its annual commencement on the evening of June 10, in the parlor and library of the hospital. Addresses were given to the eight graduates by Dr. J. J. Durrett, and Mr. J. C. Miller, who presented the diplomas. The class pins were presented by Miss Anna E. McArdle, the head nurse. An informal reception followed.

Hinton.—(MRS.) MARIA D. LINGENFELTER has resigned her position as superintendent of the training school in the Hinton Hospital, and is now at her home in Auburn, N. Y.

NORTH CAROLINA

THE NORTH CAROLINA STATE NURSES' ASSOCIATION held its eighth annual meeting at Asheville, June 8-10. At the public meeting held at the Battery Park Hotel, a large audience, composed of delegates and their friends, enjoyed an interesting programme which included papers by prominent local physicians. Dr. M. H. Fletcher presided. After addresses of welcome, Dr. Paul H. Ringer spoke on "The Responsibility of the Trained Nurse to the Community," and Dr. R. S. Carroll on "Suggestion." The following days were occupied in carrying on the business of the association. Members several years in arrears were dropped and new members registered. The greetings of the president, Miss Pfohl, to the nurses were delivered in a graceful, pleasing manner. The subject of increased dues was discussed with negative decision. Instead, a motion was carried that the members be assessed to establish a General Benefit Fund. Reports were read by the chairman of the committee on almshouse investigation, and from Miss Wyche, delegate to the Associated Alumnae. Delegates from the various local associations read reports of their societies, and a conference was held in which a course of reading was agreed upon, embracing ethics of nursing and parliamentary law. A state committee on Red Cross Nursing Service was formed composed of the following persons: Constance E. Pfohl, R.N., chairman, Winston-

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Salem; M. L. Wyche, R.N., Durham; F. M. Perry, R.N., Wilmington; M. P. Saxton, R.N., and Miss Irish, Asheville. A society of superintendents of hospitals and training schools was formed, with Miss M. P. Saxton, R.N., a graduate of Johns Hopkins Hospital, superintendent of Mission Hospital, Asheville, as president, and Miss Irish, superintendent of Biltmore Hospital, secretary and treasurer. The proposed amendment to the constitution in regard to voting by proxy was accepted. An amendment was proposed to take effect 1911, which reads, "All members desiring membership in state society must be registered nurses." The subject of fee bill was discussed and it was agreed that the subject should be settled by each local society as it thought best. Through the kindness and generosity of the editors of THE AMERICAN JOURNAL OF NURSING in sending literature, etc., for the JOURNAL table, all nurses present who were not already subscribers to the JOURNAL were induced to become so. The spirit of this meeting was a particularly happy one. In this beautiful "land of the sky," the valleys and mountains and clear air conspired to soothe irritated nerves and refresh tired bodies. The influence of the altitude stimulated the members to greater efforts to attain the peaks of long-established but sometimes forgotten ideals, increasing the desire for nobler work as professional women, with the high calling and distinct privilege of relieving distressed and suffering humanity, a desire that lies so near the heart of every true nurse. The hostesses with a cordial spirit planned a delightful entertainment, combining a charming drive over the Biltmore estate, and afternoon tea and a reception at Mission and Biltmore Hospitals. The members appreciated the time and attention given them by the physicians who provided an automobile ride about Asheville and the surrounding country. Several invitations were received for the next meeting, the vote of the association favored Greensboro, but the matter will be decided by the directors. The officers for the ensuing year are: president, Constance E. Pfohl, R.N.; vice-presidents, M. P. Saxton, R.N., May Williams, R.N.; treasurer, Birdie Dunn, R.N.; secretary, L. A. Toomer; chairman membership committee, Ella McNichols, R.N.

KENTUCKY

Louisville.—THE LOUISVILLE DEACONESS HOSPITAL held its commencement for the class of 1910 on the evening of June 23, in the First G. M. E. Church. Addresses were given by Doctors Fulton, Severinghaus, and Rev. Mr. Fraushell. There were five graduates. The annual banquet was given by the alumnae, when a pleasant evening was spent by all present.

OHIO

THE OHIO STATE ASSOCIATION OF GRADUATE NURSES, through a committee appointed by the president, adopted the following resolutions on the death of Mrs. Hunter Robb (Isabel Hampton):

WHEREAS, It has pleased an All-Wise Providence to remove to another sphere of usefulness one of the greatest workers for humanity of modern times; therefore, be it

Resolved, That The Ohio State Association of Graduate Nurses has lost its most honored and revered member; that throughout the world the nursing profession mourns the loss of one of its most inspirational leaders.

Resolved, That a copy of these resolutions be placed on the minutes of The Ohio Association of Graduate Nurses, be sent to Dr. Hunter Robb, and also to THE AMERICAN JOURNAL OF NURSING for publication.

Committee on Resolutions,
MARY H. GREENWOOD, Chairman,
OLLIE FISHER,
FLORENCE A. BISHOP,
ANNA M. LAWSON,
JENNIE L. TUTTLE,
MATILDA L. JOHNSON.

Cincinnati.—THE JEWISH HOSPITAL ALUMNÆ ASSOCIATION held its last meeting of the season on June 3. After the disposal of business, the entire class of 1910, consisting of seven members, was unanimously elected to membership. Three honorary members were also heartily approved. The president, Miss Pierce, gave an interesting account of the Associated Alumnae meetings and entertainments. Miss Greenwood, superintendent of the hospital, gave a delightful description of the Nightingale Commemoration Exercises. The amount pledged by the delegate toward the Isabel Hampton Robb Memorial Fund was approved by the association.

Mt. Vernon.—THE OHIO STATE SANATORIUM issues the first copy of an illustrated paper, "The Convalescent," full of interesting and cheering bits of news and anecdotes, evidently for the benefit of the patients, and possibly edited by patients, though that is not made clear. There are two fine illustrations of the main hall of the administration building and the dining-room.

Cleveland.—H. MARIE LARSON, superintendent of Glenville Hospital, has announced her resignation, to take effect October 1.

MICHIGAN

THE MICHIGAN STATE NURSES' ASSOCIATION held its sixth annual meeting at the Masonic Temple, Port Huron, June 28, 29, and 30. The meeting was called to order by the president, Mrs. G. O. Switzer. Rev. J. P. McManus delivered the invocation and Dr. A. H. Cote, acting for Mayor J. J. Bell, gave the visiting nurses a most cordial welcome. Response by Fantine Pemberton. The remainder of the afternoon was devoted to the address of the president, the reports of the officers and chairmen of committees, closing with a drill in parliamentary law by Mrs. Emma Fox, of Detroit. In the evening Jane A. Delano, of Washington, gave an address on "Red Cross and Army Nursing," following which an informal reception was given.

Wednesday morning was taken up with a parliamentary law drill, the report of Sarah E. Sly, delegate to the Nurses' Associated Alumnae, and the report of the delegate to the State Federation of Woman's Clubs and on State Registration given by Miss Elizabeth Flaws. After these reports the work was divided into two sections, one for the superintendents of training schools and one for private duty nurses. Very interesting papers were read at each. In the afternoon a boat ride was enjoyed by all at which a question box was conducted for each section. Wednesday evening Dr. Caroline Hedger, of Chicago, gave an address on "Social Hygiene."

Thursday the meeting closed after the election of the following officers: president, Mrs. Ralph Apted, Grand Rapids; vice-presidents, Mrs. G. O. Switzer.

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Ludington, Mrs. R. G. Wheeler, Port Huron; recording secretary, Elizabeth Greener, Muskegon; corresponding secretary, Fantine Pemberton, Ann Arbor; chairman of committees: ways and means, Elizabeth Parker, Lansing; credential, Mary Kurfess, Jackson; nominating, Agnes Deans, Detroit; printing, Charlotte Dancy, Battle Creek; arrangements, Margaret Moore, Jackson; councillor, Isabel Melsaac, Benton Harbor.

The meeting of 1911 will be held in Jackson.

FANTINE PEMBERTON, R.N.,

Corresponding Secretary.

THE WAYNE COUNTY GRADUATE NURSES' ASSOCIATION, at its last quarterly meeting, held in Detroit, appointed a committee to draft the following resolutions of appreciation of Mrs. Isabel Hampton Robb, and of the profound sorrow of the members over the untimely removal from her life on earth:

WHEREAS, By the sudden passing into the eternal beyond of our most beloved friend and benefactor, Isabel Hampton Robb, our hearts are touched in no common manner, therefore

Be it resolved, That we have sustained an irreparable loss, and on behalf of the Wayne County Graduate Nurses' Association we express our sorrow and our appreciation of all this great generous friend by her tireless efforts has left to us as a monument to her memory.

Her life was spent in the relief of suffering and in the advancement of the nursing profession. Her example and her noble work will always live; and we feel that we can honor her best by emulating her bright example and striving to live up to the standard of her leadership.

Resolved, That a copy of these resolutions be sent to the sorrowing family with our deepest sympathy, also to THE AMERICAN JOURNAL OF NURSING, and that they be recorded in the minutes of this association.

LYSTRA E. GREYTER,

MATHILD KRUEGER,

EMILY N. RANKIN,

Committee.

Detroit.—GRACE HOSPITAL TRAINING SCHOOL held its annual commencement on the evening of May 18 at Chaffe Hall. Immediately after the exercises a reception was given to the graduates and their friends by the board of lady managers at the Helen Newberry nurses' home. There were nine graduates.

GRACE HOSPITAL ALUMNÆ ASSOCIATION held its annual picnic on Belle Isle on June 24.

Battle Creek.—NICHOLS MEMORIAL TRAINING SCHOOL held its annual meeting at the hospital, July 25. Business matters were discussed and new officers were elected for the ensuing year: president, Mrs. Edward Hoyt; vice-president, Lulu Barker; secretary, Lucy Patterson; treasurer, S. A. Gourlay.

WISCONSIN

THE WISCONSIN ASSOCIATION OF GRADUATE NURSES held a meeting on June 28, in the Chamber of Commerce, Oshkosh, with Katherine Maher in the chair. The nurses in that part of the state marked their enthusiasm in this organization by a large attendance. Beside nurses, a number of club women showed their

interest by being present. State Registration was the first subject under discussion. This was followed by the reading of a paper on "The Black Plague," by Dr. Bertha Thomson. The doctor emphasized the nurse's ability and also her responsibility to administer judicious advice on this evil, wherever such an opportunity presents itself. Dr. Gregory F. Connell addressed the meeting on "The Ideal Nurse." He laid stress on higher education and specialization for the nursing profession. Only two classes of nurses exist in his opinion, namely, the capable good nurse and the incapable bad nurse. Antonia Krubsack presented a paper on "Anæsthesia," based upon her eleven years' experience in this work. On account of the infrequency of trains, the meeting was obliged to adjourn early, which it did, *sine die*.

REGINE WHITE, Secretary.

The following resolutions were adopted by the directors at the June meeting of the Wisconsin State Association of Graduate Nurses:

WHEREAS, The graduate nurses of Wisconsin are being criticized by the medical profession because many of them show a lack of co-operation in the care of tuberculosis patients either in their homes or in institutions, and this lack of co-operation is felt by the body of nurses to be due to the insufficient training nurses are receiving in the modern treatment of tuberculosis; therefore, be it

Resolved, That the physicians and superintendents of training schools of Wisconsin be requested to devote more attention to the instructing of pupil nurses in the care of tuberculosis patients, and when such instruction is not possible in their schools owing to the exclusion of such patients, some affiliation with tuberculosis sanatoria be secured; further, be it

Resolved, That a copy of these resolutions be sent to the editors of the *Wisconsin State Medical Journal*, *THE AMERICAN JOURNAL OF NURSING*, and to the superintendents of all training schools for nurses in this state.

M. G. TOMPKINS,
518 Caswell Bldg.,
M. C. BRADSHAW,
Committee.

Wauwatosa.—THE MILWAUKEE COUNTY HOSPITAL TRAINING SCHOOL FOR NURSES held graduating exercises on the evening of June 27, for a class of seven, in the hospital amphitheatre. Addresses were given by Lorenzo Boorse, M.D., and Caroline Hedger, M.D. Dr. Boorse presented the diplomas, and the Nightingale Pledge was administered. An informal reception followed at the nurses' home.

MINNESOTA

Minneapolis.—BERTHA ERDMANN, R.N., recent superintendent of nurses at the University Hospital, has received the appointment of director of the course for nurses at the University of North Dakota, beginning her duties in September.

ILLINOIS

Chicago.—THE ILLINOIS TRAINING SCHOOL ALUMNÆ ASSOCIATION, at its annual meeting in May, elected the following officers: president, Cora Kohlsaat; vice-presidents, Henrietta Straight, Ellen V. Robinson; recording secretary, S. McConnell; corresponding secretary, Marie Petersen, 308 S. Irving Ave.; treasurer, Roberta Muhs, 509 Honore St.

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On the evening of June 1 the annual banquet to the graduating class was given at the La Salle Hotel with about 150 present. Toasts were given and greetings read from absent members.

CATRINA HERTZER succeeds Miss Wheeler as superintendent of Blessing Hospital, Quincy. Harriet Sigsbee, class of 1889, has taken up a claim at Carr, Colorado. Among the throng of Americans abroad are the following alumnae members: Mrs. Frederick Tice, Mrs. Frank Miller, Miss Voigt, Jessie Christie, Marie Peterson, Alice C. Beattie.

ST. LUKE'S ALUMNAE ASSOCIATION was granted the use for the summer of a cottage near Libertyville, through the kindness of Mr. and Mrs. Arthur Meeker. Miss Spohr resigned her position as superintendent of Manhattan Hospital, Manhattan, Kansas, and has taken up private duty in Chicago. Miss McLellan, class of 1895, has joined the Henry Street Nurses' Settlement, New York City.

WESLEY HOSPITAL graduating class was entertained at Winnetka on June 8, after the commencement exercises at Northwestern University, by Mrs. Douglass Smith. On the following evening the Alumnae Association gave the class a banquet at the Hotel Lexington.

ELNORA THOMSON, class of 1909, Presbyterian Hospital School for Nurses, has given up her position as superintendent of nurses at the Elgin Hospital for the Insane, and is now nurse in charge of the work of the Mental Hygiene Committee of this city. She is succeeded at Elgin by Beulah M. Smith, class of 1907.

JEANETTE KIPP, class of 1910, Hahnemann Hospital, has accepted a position at the State Hospital, Watertown. Mary and Catherine Campbell have taken up land near Great Falls, Montana, and are doing private duty there. Mary Woods, class of 1907, is living on her claim near Sturgis, South Dakota.

MINNIE H. AHRENS, who has been for several years superintendent of Provident Hospital, has resigned to take the position of Nurse in Charge of the Chicago Milk Commission.

THE GARFIELD PARK TRAINING SCHOOL ALUMNAE ASSOCIATION held its annual meeting and banquet on June 10. The officers elected for the year were: president, M. Pearle Smith, R.N.; vice-president, Ida M. German, R.N.; secretary, Pearl Spofford, R.N.; treasurer, Valley Ness, R.N.

Freeport.—THE CHRISTIAN TRAINING SCHOOL OF THE DR. WHITE SANATORIUM held commencement exercises on the lawn of the Oscar Taylor home. The beautiful surroundings of shade trees and flowers helped to make the occasion one of the most unique social functions in the city of Freeport. Dr. J. T. White presented the diplomas and the pins were presented by Miss Taylor, president of the training school. There were four graduates.

INDIANA

Fort Wayne.—MABEL K. ADAMS, for the past eighteen months superintendent of Hope Hospital, resigned on July 1. On the evening before her departure, the Hope Hospital alumnae and nurses in training presented her with a silver purse, expressive of regret at her resignation and of the high place she holds in the affection of those who have labored with her. She is succeeded by Miss Burt, of the Illinois Training School. Mary S. Dyble, graduate of Hope Hospital, who has been supervisor and clinical nurse there for the past ten years, also

resigned, and was presented with a purse of gold in recognition of her faithful services and of the love and esteem in which she was held. She had the confidence and affection of the school and community. Her resignation will be keenly felt not only by physicians and nurses, but by those interested in the nursing profession in and about Ft. Wayne. Her ambition was ever to raise the standard of the nursing profession, morally and otherwise. She is succeeded by Ruby Nations, of Augustana Hospital, Chicago.

IOWA

THE IOWA STATE ASSOCIATION OF REGISTERED NURSES held its seventh annual convention at Des Moines, in May, at which meeting there was a good attendance and much enthusiasm was displayed.

The election of officers for the ensuing year resulted as follows: President, Anna C. Goodale, Homeopathic Hospital, Iowa City; vice-presidents, Abbie Taber, Sioux City, Letita McNally, Independence; recording secretary, Mrs. Ida C. Neff, Waterloo; corresponding secretary, Floy A. Strayer, 1309 Grant Ave., Waterloo; treasurer, Anna Killeen, Dubuque; auditor, Louise Raffauf, Dyersville.

A state committee for Red Cross work has been appointed and is to arrange for appointment of local committees which will enroll nurses willing to volunteer for Red Cross work in time of need. Considerable time was given to the forming of plans for work to be done by the legislative committee in regard to the defending of the nurses' registration law and to secure, if possible, necessary amendments to same.

In this state, work along the lines of visiting nurse work, school nursing, public play grounds, and kindred subjects is carried on more by the local associations comprising the state association than by the state association itself, so while there is not as much to report as an association, the work is being carried on in many of the cities by nurses of the state.

The next state meeting is to be held at Waterloo.

(MRS.) IDA C. NEFF,
Recording Secretary.

OKLAHOMA

Enid.—L. R. DUNNING, after eighteen months of rest in New Mexico, will resume her work of private nursing. Miss Dunning is a graduate of Finley Hospital, Dubuque, class of 1901, and was formerly superintendent of nurses at El Reno Sanitarium, El Reno.

TEXAS

THE BOARD OF NURSE EXAMINERS of the State of Texas will hold its next meeting in San Antonio, October 26 and 27.

C. L. SHACKFORD, R.N., Secretary.

WASHINGTON

Seattle.—THE KING COUNTY ASSOCIATION of Graduate Nurses held its regular meeting at the Assembly Hall, Henry Building, July 5, with twenty-four members present, the president in the chair. Minutes of the previous meeting read and approved. Report of the executive committee and the registry read and ordered placed on file. Six applications for membership

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were accepted and one was laid on the table. A communication from the Physicians National Board of Regents, Philadelphia, Pa., to the King County Medical Society, of Seattle, was read, also the reply from King County Medical Society to the Physicians National Board of Regents, in which they refuse to support or further the objects of that organization. On motion of Mrs. A. W. Hawley, seconded by Miss Irene Bonen, the secretary was instructed to write the board of trustees of the King County Medical Society and tender them the thanks of the association for their kindness and appreciation of the nursing profession. The balance of the time was taken up with the reading and amending the new by-laws as submitted by the committee at the June meeting. After a general discussion and a few necessary corrections, the by-laws were finally adopted. Meeting adjourned at 6 P.M. until the first Monday in September.

THE KING COUNTY ASSOCIATION OF GRADUATE NURSES has taken offices in the Cobb Building, Suite 310. This building has recently been completed for the exclusive use of the medical and dental professions. The registrar, Miss MacMillan, will have her office in the suite and Miss Margaret Rice has opened an Emergency Outfitting Department, where she will do sterilizing, emergency and hourly nursing, and supply surgical dressings and obstetrical outfits.

GENEVIEVE COOKE, of San Francisco, Cal., was the guest of honor at a reception given, on June 14, by the members of the King County Association from 8 to 10 P.M. During the afternoon Miss Cooke was given an automobile ride through the city and a visit made to the Seattle Pulmonary Hospital, at Riverton, where the nurses' cottage for tuberculous nurses in the State of Washington is located. During her stay in the city, Miss Cooke was the guest of Mrs. A. W. Hawley.

CALIFORNIA

RESOLUTION.—We, the members of the California State Nurses' Association, wish to express the deep sorrow we feel at the death of Mrs. Isabel Hampton Robb.

We feel that in her life was exemplified the highest type of womanhood. As teacher and author, she represented the best in the nursing profession, and contributed much to its dignity and honor.

In Mrs. Robb's untimely death, our profession has sustained a great loss, but we shall cherish her memory as one of the choicest in our history, and we commend her life to all young nurses as a worthy ideal.

We recommend that these resolutions be incorporated in the minutes of the California State Nurses' Association and that a copy be sent to the family of Mrs. Robb.

CLARA S. LACKWOOD,
ALMA E. WRIGLEY,
BERTHA M. EATON, Committee.

CANADA

THE FIRST STATIONARY FIELD HOSPITAL IN CANADA was established this summer at the Niagara Military Camp with seven nurses in attendance who are given the rank of lieutenant. A committee of nurses in Toronto is working for the establishment of an Army Nursing Reserve Service.

Winnipeg.—THE NURSES' ALUMNÆ JOURNAL, issued by the Alumnae Association of the Winnipeg General Hospital, issued its quarterly number in June. Editorial comment is made on the deaths of King Edward, Miss Isla Stewart, and Mrs. Isabel Hampton Robb. The graduating exercises of this year's class of twenty-five are described, and the address is given in full which was made to the class by Miss F. Wilson, lady superintendent. There is an excellent article on "The Management of the Puerperium" by Dr. Bjornson, an account of the annual meeting of the association, and news items.

BIRTHS

ON May 18, a son to Mr. and Mrs. William Andrews. Mrs. Andrews was Cleopatra Strickland, class of 1907, Garfield Memorial Hospital Training School.

ON June 8, at Seattle, Wash., a daughter to Dr. and Mrs. H. A. Greiner. Mrs. Greiner was Mary Deichelbor, class of 1904, Hahnemann Hospital, Chicago.

ON May 4, at Montreal, Canada, a daughter to Mr. and Mrs. J. FitzGibbons Black. Mrs. Black was Gwendolyn Hayward, class of 1908, Howard Hospital, Philadelphia, Pa.

ON June 14, at Toulon, Ill., a son to Dr. and Mrs. Roy Buffum. Mrs. Buffum was Bessie Packer, class of 1908, Presbyterian Hospital School for Nurses, Chicago.

ON May 23, at St. Paul, Minn., a daughter, Mary Blake, to Mr. and Mrs. Edward Blake Young. Mrs. Young was Miss Dousman, class of 1909, New York Hospital.

ON May 23, at Albany, N. Y., a son to Mr. and Mrs. Walter H. Newman. Mrs. Newman was Edith M. Tuthill, class of 1909, Rome Hospital Training School, Rome, N. Y.

ON July 17, at New York City, a son, Philip, to Mr. and Mrs. Ernest G. H. Schenck. Mrs. Schenck was Grace Knight, class of 1902, Roosevelt Hospital, and is secretary of the New York State Nurses' Association.

MARRIAGES

ON June 22, Alice A. Stentiford, class of 1899, McLean Hospital, Waverly, Mass., to Walter George Stiff.

ON June 30, Annie M. Shiels, graduate of the Presbyterian Hospital, Philadelphia, to Claude L. Roth.

ON April 20, in St. Paul's Church, Punxsutawney, Stella Downey, class of 1904, Adrian Hospital, to Morton B. Collins.

AT Benton Harbor, Mich., Emily Campin, class of 1904, Adrian Hospital, Punxsutawney, Pa., to Chester F. Miller, M.D.

ON May 12, at Braddock, Pa., Barbara Hutchinson, class of 1907, Adrian Hospital, Punxsutawney, to Wilbert McCauslin.

ON April 30, at Baltimore, Md., Aerie Phillips, class of 1906, University of Maryland Hospital, Baltimore, to F. J. Greenwell.

ON June 6, at Goshen, N.Y., Mary Dumbell, class of 1908, New York Hospital, to Dr. Beemokes, of the United States Army.

ON June 22, Nellie J. Benton, R.N., recent superintendent of nurses of the Buffalo Homeopathic Hospital, to William H. Farnsworth.

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On April 6, in the Episcopal Church at Sugar Hill, Pa., Ellen Brian, class of 1905, Adrian Hospital, Punxsutawney, to Marion Cockran.

On May 26, at Streator, Ill., May Fraser, class of 1906, Presbyterian Hospital School for Nurses, Chicago, to George Love, M.D., of Dana, Ill.

On June 14, Ella Emelia Holbrook, class of 1907, Lakeside Hospital Training School for Nurses, Cleveland, to Rev. L. E. Sunderland.

On June 11, Lola Douglass, class of 1908, Long Island College Hospital, Brooklyn, to Charles Rhub. Mr. and Mrs. Rhub will live in Brooklyn.

On June 30, at Baraboo, Wis., Jessie Slade, class of 1909, Presbyterian School for Nurses, Chicago, to Russell Wallace, M.D., of Albany, Oregon.

On April 27, in the Roman Catholic Church of West End, Punxsutawney, Pa., Alta McMillen, class of 1909, Adrian Hospital, to J. E. Hardman, M.D.

On June 22, at Oshkosh, Wis., Ida A. Beeg, class of 1905, Hahnemann Hospital, Chicago, to Leo A. Geis. Mr. and Mrs. Geis will live in Salina, Kansas.

At Manchester, N.H., at the "nurses' flat," Jessie Bailey, class of 1907, Elliot Hospital, to Frank Davis. Mr. and Mrs. Davis will live at Point View, Goffstown.

At Parkersburg, Iowa, Anita L. Stapela, R.N., class of 1904, Hershey Memorial Hospital, Muscatine, to Miller E. Terry. Mr. and Mrs. Terry will live in Oskaloosa, Iowa.

On June 8, at Detroit, Mich., Grace L. Glendenning, class of 1908, Grace Hospital Training School, to E. J. Shafor. Mr. and Mrs. Shafor will live at 58 Rosedale Court, Detroit.

On July 4, in Chicago, Otie A. Ehle, class of 1905, Indianapolis City Hospital, to Edward E. Abrahams. Mr. and Mrs. Abrahams will live at 744 Belmont Avenue, Indianapolis.

On July 1, Mabel F. Morse, class of 1894, Massachusetts General Hospital, Boston, to Frederick S. Hardy. Mr. and Mrs. Hardy will live at 162 Mt. Vernon Street, Newtonville, Mass.

On August 4, at St. Andrew's Church, Hayneville, Alabama, Rachael Parise Belgart to Oliver Harris Jones. Mr. and Mrs. Jones will live at 180 Capitol Avenue, Atlanta, Georgia.

On April 14, at Wilkinsburg, Pa., Alice Edith Bair, class of 1909, Columbia Hospital Training School, Pittsburgh, to J. Franklin Gonell, M.D. Dr. and Mrs. Gonell will live in Munhall, Pa.

On June 1, at Springfield, Ill., Louise Morrison, class of 1906, Presbyterian Hospital School for Nurses, Chicago, to Wilbur E. Post, M.D. Dr. and Mrs. Post are spending six months abroad.

On June 7, at Baltimore, Md., Katherine Kalling Landwhere, class of 1906, University of Maryland, Baltimore, to Cassius McCarl Lemley. Mr. and Mrs. Lemley will live in Morganton, W. Va.

On March 19, in Cincinnati, Mary K. Lunny, class of 1906, St. Vincent's Hospital, Indianapolis, to William D. Hamerstadt. Mr. and Mrs. Hamerstadt will live at 1608 Central Avenue, Indianapolis.

On June 16, at Baltimore, Md., Vernie Catherine Weitzel, class of 1892, University of Maryland Hospital, Baltimore, to Charles Hutchinson McNabb. Mr. and Mrs. McNabb will live in Cardiff, Md.

On July 6, Nannie Parry Laird, class of 1899, Columbia and Children's Hospitals Training School, Washington, D. C., to William Horace Lackey. Mr. and Mrs. Lackey will live in Lexington, Va.

On June 1, at Baltimore, Md., Minnie Bond Anderson, class of 1907, University of Maryland Hospital, Baltimore, to Robinette B. Hayes, M.D. Dr. and Mrs. Hayes will live in Fayetteville, N. C.

On June 18, Helen Irene MacRoberta, class of 1906, Lakeside Hospital Training School for Nurses, Cleveland, to Arnold Elliott Cornell. Mr. and Mrs. Cornell will live at 1803 West Forty-fifth Street, Cleveland.

On March 24, at Watford Herts, England, Augusta Burk, class of 1905, St. Luke's Hospital, New York, to Philip Frederick William Simon, M.E.E.E., of England. Mr. and Mrs. Simon will live in Wittenberg, Germany.

DEATHS

On July 6, at Arthur, Ontario, Canada, Kathryn Michell, class of 1909, Howard Hospital, Philadelphia. Miss Michell had never fully recovered her strength from a severe attack of typhoid fever which occurred during her training. Death came suddenly from heart failure at her own home where she was nursing a sister. She was a most patient nurse, bearing well her own ill health and devoted to her patients. She will be greatly missed.

On June 8, at Trafford, Pa., Martha McDeavitt, class of 1909, Columbia Hospital Training School for Nurses, Pittsburgh. Miss McDeavitt was an esteemed and useful member of her alumnae association, always willing to help in its work and was much beloved.

On July 18, at Topsfield, Mass., of heart disease, Minnie Gammell, class of 1898, Salem Hospital, Salem, Mass. The burial was at the home of her parents, Newton Hills, Colchester County, N. S. Miss Gammell was one of the best of nurses, much beloved of all who knew her. She bore her years of illness with sweet patience, constant cheerfulness, and courage.

On June 7, at the Amsterdam City Hospital, Amsterdam, N. Y., of which she was a graduate, after five weeks' illness of pneumonia and pleurisy, Ida Belle Meeks, R.N. Miss Meeks was a sweet loyal friend and nurse and will be sorely missed by all who knew her.

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BOOK REVIEWS



IN CHARGE OF
M. E. CAMERON

HYGIENE AND MORALITY. A Manual for Nurses and Others, Giving an Outline of the Medical, Social, and Legal Aspects of the Venereal Diseases. By Lavinia L. Dock, R.N., Graduate of Bellevue Hospital Training School; Resident Member of the Nurses' Settlement, New York; Secretary of the International Council of Nurses. Price, \$1.25 net. G. P. Putnam's Sons, 27-29 West 23d St., New York City.

It is indeed a hopeful sign for any cause when Miss Dock makes herself its champion. We have learned to look for her in the forefront of battle, and in a righteous cause she yields to none; there is, therefore, a new inspiration, and a fresh stimulus to the discouraged and the weary, to find her taking the field in the warfare against the greatest social disgrace of civilization. Miss Dock makes no overtures for compromise; amelioration, by means of regulation and inspection, she rejects, giving abundant proofs of the fallacy of such a remedy from results in the countries where it has been practised. While the book is written primarily to nurses, it is not as a text-book, but rather a call to the whole nursing profession to join themselves to a cause too long neglected. Physicians, and women physicians particularly, have done and are doing splendid work in the warfare against vice, and the teaching of hygiene and moral prophylaxis; and Miss Dock by addressing nurses seems to sound a note of warning,—that nurses cannot afford to be left behind in a great forward movement which is taking place the world over.

The book is divided into three parts: the first a brief outline of syphilis and the venereal diseases; the second, prostitution, where we find the cause and means of propagation of these diseases; and third, the prevention of them. Miss Dock puts her finger on the weak spot in past and existing conditions, first, in denouncing the toleration of a double standard of morals, which permits the man to indulge in sexual irregularity without loss of prestige, while the woman is doomed to social ostracism and to degradation; and secondly, to the status of political and legal inferiority occupied by women. If any one doubts that men find it hard to enact laws curtailing their privileges and arming their

victims against them, let them read Miss Dock's book. If any love to believe in the tradition of chivalry, still let them read it, for it is wrong to hug one's ignorance if there is any chance of instruction to be had. If they are, as most nurses seem to be, on the fence as regards the question of suffrage for women, if they feel that they would make more intelligent citizens than the push-cart men and the small tailor who can only say a dozen words of English, or any other poor waif who drifts to these shores because he could not make a living elsewhere, if they feel that they would make more intelligent voters than these poor things, but also feel there is no use putting one's self in opposition to the men and getting the name of being a crank and a kicker, still read Miss Dock's book and possibly, oh, quite certainly, you will know whether you are for or against the enfranchisement of women. Miss Dock makes the prevention of the venereal diseases coincident with the prevention of prostitution as do other writers on medical sociology and economics. The greatest factor in the production of prostitutes is poverty,—the unequal struggle against want, says Miss Dock,—abundantly confirmed by statistics in the United States as well as other countries; enfeebled constitutions, induced by children being too early forced into the labor market; long and monotonous hours of work—conditions that seem insupportable—drive the great majority into a life which they conclude can be no worse and which they hope may be better. "Far-reaching and remote are the paths along which the prevention of venereal diseases must be pursued," and to do this? "This must be the work of women, and to do it they must possess the instrument which is indispensable in controlling the acts of legislatures, which lie behind all social conditions, as is the microscope to the physician in his research work, or the scissors to the mother who is cutting out her children's clothes." If the reader suffers from that lack of enthusiasm which is only too common among people who feel no pain for the wounds of others, he or she may be enough alarmed by the economic loss involved to take an interest in the subject of the book,—the number of pauper blind who must of necessity be supported by the state, not to mention the expense of hospitals, asylums, etc., which must be kept up for the care of the diseased and incapacitated.

Along with the power of the vote for women Miss Dock reckons education for the masses. "The first essential in a campaign of prevention is full, open, and serious instruction for all classes of society upon the situation as it exists to-day; instruction without exaggeration, but also without concealment of the present extent of disease of venereal origin, and the most emphatic and positive information upon the real

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source of danger in prostitution. It will be found that not only is the extent to which venereal diseases have been allowed to prey upon the national stock utterly undreamed of "by great numbers of intelligent persons, but that their very existence is to thousands of others only the vaguest hearsay, while to thousands more, absolutely unknown. Now, as in combating typhoid fever and the plague, the first thing needful is that all shall know there are such diseases, whence their origin, and how they may be cut off at their source, so it is essential that every citizen shall know that there are venereal diseases, where they arise, and how they may be exterminated."

And again: "A new ideal needs to be formed; an ideal of the worth and dignity of human life, and of a commanding place and power that must be assumed by women in all that pertains to the cherishing and ennobling of the race. This ideal must be built upon the single standard of sex morality, and it must be attained by a gradual process of assumption of knowledge and authority by women, to the end that they may finally produce a nobler and a finer race of men."

A GROUP of English nurses who are interested in carrying on educational work on sanitary and moral lines among mothers and young people have brought about the publication of a most excellent and helpful leaflet on masturbation, giving the nurse the most admirable material for instruction to mothers and fortifying her with the carefully worked out hints on successful methods of imparting this delicate and important knowledge. The leaflet is published for private distribution, for use by district nurses and those in social work, especially, though indeed all nurses—those in hospital and private duty as well would be greatly helped by its clear and practical teaching. It is not being advertised, because it is not advisable that it should get into the wrong hands. It sells in England for tuppence, and nurses wishing to obtain it may send six cents in stamps to the editor of the Foreign Department of the JOURNAL, who will procure it for them.

CONSTIPATION IN INFANTS.—Dr. Pritchard, in *The Practitioner*, objects strongly to giving castor oil to infants. He says it interferes with the natural nervous, rhythmic impulse which produces defecation; this is either completely destroyed, or so lengthened by the drastic effect of the oil that the intestine will not respond to the stimulation, and constipation ensues. Moral, avoid purgatives, especially castor oil.

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